THE
MEDICAL AND SURGICAL REPORTER

No. 1789. PHILADELPHIA, JUNE 13, 1891. VOL. LXIV.—No. 24.

CLINICAL LECTURE.

SYPHILIS WITH LESIONS OF THE HEART AND KIDNEYS.

BY CHARLES G. STOCKTON, M. D.,

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE, UNIVERSITY OF BUFFALO—VISITING PHYSICIAN TO THE BUFFALO GENERAL HOSPITAL.

This is not an easy case to diagnose by exclusion, and I shall, therefore, go directly to the ultimate cause of his difficulty and then we will try to account for his more immediate troubles.

A few months ago, this man acquired syphilis, and he is now suffering with the secondary manifestations of that disease, feverishness, weakness, mucous patches in the mouth, and specific pharyngitis and laryngitis. You have seen him in the wards and you understand that while these are manifestations of importance, they are conditions that can usually be readily relieved by the use of mercury, and the symptoms pass off under a careful administration of this drug in a comparatively short time, particularly if the patient is, at the same time, well cared for, well fed, not allowed to worry, not allowed to drink alcoholic beverages, and compelled to keep regular hours. Under this treatment the man has done badly, he very soon showed tenderness of the gums and salivation, so that the mercury had to be withdrawn, and his throat trouble became worse. Then mercury hypodermically was tried and injections of the bichloride were made once daily until the effects in the mouth were shown and then it was discontinued to be tried again after three or four days. Once in two or three days is often enough for hypodermic injections of mercury if you use large enough doses. We used in this case one-eighth of a grain daily. You may give a half a grain and allow two or three days to elapse before the next dose. Under this treatment the man has gotten the good effects of mercury but he has had considerable throat trouble, and one night he had indications of œdema of the glottis, a croupy cough, the symptoms of laryngismus stridulus, and we felt it necessary to have means at our disposal for relief if the condition became worse. The O'Dwyer tubes were put in readiness, but under the use of an alkaline steam-spray, he improved, and, while he is yet voiceless and yet suffers to some extent from cough, he is decidedly better. Not getting any relief for his throat symptoms by the use of Gross's mixture, which we gave first, nor by the use of mercury hypodermically, I began giving him mercury in the form of the green iodide by the mouth, and under that, I think, he is doing better, so far as his throat is concerned, than he did under the hypodermatic use of mercury—a matter of therapeutic interest because it is contrary to what is generally stated in regard to the relative value of different modes of employing mercury.

I bring the man before you this morning, not in regard to his ultimate disease, but on account of certain manifestations of the disease in the viscera. He is very anæmic; he is eating and digesting very little. He has great prostration and I discovered some time since that he had a curious pulse. It was a pulse suggesting the Corrigan pulse and yet not well enough sustained in the beginning to make a true Corrigan pulse. It was frequent, very compressible and vibratory. My attention was naturally directed toward the heart and I found that the man was suffering from a present endocarditis which showed itself by the soft bruit, the somewhat tumultuous action of the heart as well as the curious character of the pulse. This endocarditis was located in the left side of the heart where it almost invariably occurs in adult life, and affecting especially the mitral and aortic orifices. Later I found that this man was suffering from œdema. His hands are somewhat puffy, the fingers seem large

in proportion to the size of the hand and the skin is distended and glossy. Before saying that this was the result of the disease of the heart alone, I asked that the urine be examined with a view to learning whether there was also kidney disease present and it was found that there was a large amount of albumen in the urine. We have here not only secondary syphilis with serious throat trouble, but a present endocarditis and nephritis. The form of nephritis which he has, I cannot state to you without making a careful microscopic examination of the urinary sediment, estimating the urea, studying the relation between the quantity of urine and the albumen, but in all probability it is an acute desquamative nephritis, coming on, as the heart trouble has come on, since his entrance into the hospital, and, therefore, secondary to the attack of syphilis. Why do I make a diagnosis of *acute desquamative* nephritis? The large amount of albumen and the brevity of the duration of the symptoms make me think that the case is an acute one, and if so, it is probably of the parenchymatous form.

Let us look at the patient generally, before we study more carefully the condition of his heart and kidneys. The œdema is seen very plainly in his legs, his feet are swollen and are quite red, showing a congestion which is unusual in œdema. There is no dermatitis, either simple or syphilitic and it is not a temporary condition, due to the recent application of heat. The congestion of the capillaries is probably due to some affection of the sympathetic system.

The œdema is undoubtedly due to the heart and kidney lesions. The state of the blood might add to the condition. You may ask if the liver may not have something to do with causing the œdema. That is possible, although general anasarca we refer, as a rule to disease of the heart, kidneys or blood. Dropsy due to the liver, is usually an ascites, and not a general anasarca, unless the hepatic trouble acts to interrupt the general circulation in some very marked way, or unless it gives rise to serious blood changes such as take place in cancer of the liver. An acute neuritis might give rise to an œdema, but our patient has no evidence of neuritis. Anasarca may also be due to the obstruction of the flow of blood through the lungs by disease of the lungs, but this man shows no further trouble in the lungs than the overfilling of the vessels with blood, which is readily explained by the heart disease.

The endocarditis, being acute, will probably get better in course of time; just how much deformity of the valves will remain, it is impossible to say. The apex-beat is in the fifth intercostal space, about an inch and a quarter below the nipple and a trifle to the right of the nipple line. At the apex I find a bruit which precedes the ordinary systole of the heart, and is, therefore, a presystolic bruit. It is accompanied by a considerable thrill at the apex and just above it. The presystolic sound is heard in the same locality with the greatest intensity. It is caused by an obstruction and narrowing of the mitral orifice due to swelling, possibly œdematous, of the leaflets of the valve. If the man improves, this condition may entirely subside, or it may leave behind a permanent narrowing of the mitral orifice. It may leave merely a shortening of the valves and an insufficiency. There is also a systolic bruit. The presystolic bruit ends in the systolic bruit in the somewhat excited state of the heart at present. The blood is forced down by the contraction of the auricle making the presystolic sound and, on account of the insufficiency of the valve, some of the blood is immediately returned by the contraction of the ventricle giving rise to the systolic sound. Both the presystolic and the systolic sounds are soft and cooing in character, and when the patient is lying down at rest there may be heard very distinctly, three sounds at the apex instead of two. The first two sounds come nearer together. The first sound is the murmur produced by the contraction of the left auricle; the second the regurgitant murmur produced by the contraction of the left ventricle, and the third sound is the ordinary second sound of the heart caused by the closure of the aortic valves. None of the heart sounds have their natural accent, they are all obscure and have a certain bluntness, a certain muffled character which is the result of the œdema, which is present in the heart. The systolic sound is carried upward and to the left as we would expect, and, while I can not hear the sound behind, it is simply because it is not distinct enough to be propelled to that distance.

The man has also disease at the aortic orifice and that I know by the character of the sounds at the base of the heart. There is heard, with the first sound of the heart, a soft bruit, which travels upward into the vessels of the neck and which is also muffled and obscure. The second sound of the heart is nearly normal. There is a sharp accentuation to it now because the man is somewhat excited and his arterial tension is

higher than normal. When he is in bed this sound, too, is muffled and with it there is a slight murmur of insufficiency. He has disease at the mitral and aortic orifices, both obstructive and insufficient in character, which may be entirely temporary, which is produced by an acute endocarditis and also by a profound anæmia which causes softness and relaxation of the cardiac tissues.

This man has an acute inflammatory degeneration of the kidneys as the result of syphilis. I have no doubt of the syphilis possibly involving the blood-vessels of the kidney, and also directly attacking the epithelium and giving rise to a cloudy swelling and softening and desquamation of the epithelium. Tube casts are produced, epithelial, hyaline, granular and, probably, to a certain extent blood-casts. The amount of urine is doubtless small and the urea is decidedly diminished. Those waste products which are normally formed in the blood and which are formed to an abnormal degree in this man's case, are not thrown off properly by the kidneys and the man has a uræmia, strictly speaking, and other toxæmias also.

What are we to do for the patient? We must deal with the cause certainly. The syphilis must be treated and the most important remedy in the treatment of the secondary stage of syphilis is mercury. He does not bear mercury well and he already has the mercurial breath which you will learn to recognize instantly so that you can tell it on first entering a house in which there is a patient with mercurial stomatitis. It is my belief that we will have to overcome the syphilis by the moderate use of mercury. It does no good to force mercury beyond the point of tolerance. The present tenderness about the teeth will pass away in a few days and we must continue with such a dose of mercury as to keep his gums slightly tender.

We must attend to his fever and relieve it, especially by baths. We must nourish most carefully, avoiding alcoholic stimulants if possible. The patient's diet will be chosen from the following list: milk, eggs, peptonized beef, peptonized milk punches with just enough whisky to give a flavor, oyster broth or oysters themselves peptonized, forcing nutrition as far as we can.

The utmost attention must be paid to the bowels. While we are doing this we must bear in mind that what he takes must come out of him in some way. If he takes food and it is assimilated, it passes into the blood and the waste products from the blood pass out chiefly through the kidneys normally, but in his condition, the waste products will not pass off through the kidneys. This is one of those cases which tax the skill of the physician and on which physicians so often go wrong. We must treat this man as being sick, as having syphilis, as a patient with Bright's disease, not forgetting that he has a heart trouble.

How shall we treat him for the Bright's disease? Would there be any objection to giving this man vapor baths to stimulate the skin to the utmost and thus get rid of the waste and relieve the kidneys? There is only one objection to that and that is the possible effect on the heart. I shall put this patient upon a treatment of the skin by diaphoretics and diaphoretic measures rather than diaphoretic drugs. He shall have sweats, he shall be kept still in bed, we will try to unload this accumulation of fluid in the subcutaneous tissue and when we get rid of the œdema, we shall know we are helping the kidneys. In the meantime, is it right to force the nourishment as hard as we can? No, we must not force the nourishment till we can provide for getting rid of the waste. The first thing to be thought of after the mercury is not so much forcing nutrition as looking after the kidneys. Many a case of Bright's disease is lost for the reason that nutrition is looked after to the conclusion of the waste products.

With reference to the heart. It is not always a good plan to produce diaphoresis and relaxation of the skin when the heart is weak, because thereby, blood pressure is lowered and the patient feels the worse for it. I should, however, advise moderate diaphoresis here for reasons already stated and should attempt to sustain the heart by cardiac tonics. The heart tonics are in no way antagonistic to syphilis and some of them are irritating to the kidneys. In this form of Bright's disease, by maintaining the blood pressure, we shall relieve to some extent the congestion of the kidneys and we shall enable the urine to pass out in larger quantities and get rid of urea and other toxic principles in large measure. What heart tonic shall we administer in this case? I should say digitalis in the form of the infusion given in teaspoonful doses and repeated every three or four hours, gradually increasing it if necessary till we have a steady quiet action of the heart and at the same time keeping up the diaphoretic measures.

If his urine is at all irritating owing to

the large amount of acid it contains, I should give him alkalies. An alkaline diuretic is the only one that should be given in a case of acute Bright's disease. Stimulating diuretics are altogether inadmissible since they irritate and damage the kidney. Potassium acetate or a mixture of potassium nitrate, sodium bicarbonate and the double tartrate of potassium and sodium given twice a day will produce alkalinity of the urine quicker than almost any other combination.

If we find that the urine is still scant in quantity, that the amount of urea given off is very small, we will often afford greater relief by giving the acetate of potassium than by giving this alkaline mixture.

Such patients are disturbed by iron. The liver is irritated, the appetite is diminished, the patient becomes despondent and depressed by the use of iron. When his digestion is restored to normal, I should give iron in the form of the tincture of the chloride. In cases of rather chronic Bright's disease, the acid preparations of iron are more useful than the carbonate, albuminate or the other preparations which we select in common cases of anæmia. We may give him bitter tonics, such as quinine and strychnine by and by.

So far as the fever is concerned, aside from the baths already mentioned, we will control that entirely by the diaphoretics.

CHRONIC PHTHISIS.

BY R. C. M. PAGE, M. D.,

PROFESSOR OF DISEASES OF THE CHEST AND GENERAL MEDICINE AT THE NEW YORK POLYCLINIC—VISITING PHYSICIAN AT THE NORTHWESTERN DISPENSARY, ETC.

Gentlemen:—The patient I present to you this morning is a man 47 years of age, who is a laborer by occupation. He was, he says, in good health up to a period of some sixteen months ago, when he began to have a cough, and to lose flesh and strength. He has now some dyspnœa and nightsweats.

As you look at this man and listen to the tone of his voice your suspicions are at once directed to either tubercular or syphilitic laryngitis as present in his case. We suspect, from the subjective symptoms of the patient, as related by himself, that he has phthisis, but to what stage this disease has progressed in his case, physical examination will alone enable us to determine.

Phthisis, as now generally understood and accepted by the profession, not only means tuberculosis, but it also signifies pulmonary tuberculosis. It may be acute or chronic, but whatever form it may assume, whether it be slow or rapid in its progress, it is in every case tubercular.

Acute phthisis may commence as a lobar pneumonia, and instead of resolution taking place, as usual, there are signs of softening in the lungs, followed by excavation, rapid emaciation and death in the course of a few weeks. Acute phthisis may also be a part of that form of the disease known by the name of general tuberculosis, affecting the various organs and tissues of the body at the same time. The physical signs of pulmonary disease are those of bronchitis. This disease is nearly always secondary to some tubercular lesion from which the bacilli are absorbed into the blood, the circulation of the blood in the lung favoring their lodgment in that organ, as the tubercle bacilli do not proliferate readily in the circulatory fluid.

Chronic phthisis may be reduced to two varieties, though variously described under different forms, and these two varieties are known by the name of the catarrhal and the fibroid. Catarrhal phthisis is that form of chronic phthisis most frequently met with in practice, and usually appears at the apices of the lungs. It begins in the apices of the lungs, because those parts are the most liable to traumatism from exposure, and injury to the vessels from imperfect circulation and stagnation of blood. There is also less respiratory motion in this portion of the lung and consequently imperfect ventilation, and less tendency to the absorption of exudation and disturbance of the bacilli.

Fibroid phthisis, the second variety of the chronic disease, is in reality a tuberculous interstitial pneumonia. Like chronic interstitial pneumonia, it leads to bronchiectasis and shrinkage. Before the discovery of the bacillus by Koch, in 1882, chronic interstitial pneumonia and fibroid phthisis were regarded as the same disease. After the discovery of the bacillus these two diseases were separated, one being considered as a form of phthisis, and the other as a chronic pneumonia.

There are, as you know, three stages of phthisis, and a thorough appreciation of these three stages is essential to a knowledge of what you can do for your patient. To this end it is well, then, for us to determine the earliest signs of phthisis. What, then, are the earliest signs by which we can recognize this disease? If the top of the left lung be

affected, it is easier to make an early diagnosis than if it be the top of the right lung, since in health the patient has exaggerated fremitus and pectorophony on the right side, as well as slight dullness on percussion and rude respiration.

Frequency of the pulse and loss of appetite are also among the earliest signs of phthisis. But shall we rely in this connection upon the discovery of the bacillus in the sputum? Or are we justified in waiting before resorting to improved methods of treatment until we find this micro-organism? Unquestionably no. The cough of chronic phthisis is at first dry and hacking. Expectoration is scanty, and even that does not contain the bacilli, as a rule, because these bacilli are few in number and are not readily removed by expectoration. Furthermore, every general practitioner has not the means or opportunity of determining the existence of the bacilli in the sputum, even if they could be found.

Now the question comes up for consideration how are we to determine the present condition of this man? and to that end let us see what conclusion we can reach in the way of diagnosis by a physical examination of his chest.

First, on inspection we notice that the chest is more or less retracted on the right side in the neighborhood of the clavicle, and the heart is somewhat displaced to the left. In perfect health we know that the apex of the heart ought to be normally about 1½ inches below, and somewhat within the line of the left nipple. This is, however, a very uncertain landmark for us to follow. It is a safer guide for us to find the middle point of the clavicle, and a line dropped from this point will determine the nipple line in health. Now, what has caused this man's heart to occupy this abnormal relationship? Pleurisy with effusion would tend to produce this condition; enlargement of the liver and spleen would cause an upward displacement of the heart; enlargement of the heart itself would also tend to displace that organ; but in this case we conclude from the physical signs present that this displacement of the heart is due to contraction from pleuro-pericardial adhesions. On inspection, we notice the apex beat of the heart carried outward from such causes.

After inspection we come to palpation, and note the amount of vocal fremitus present over this man's lungs. We get no vocal fremitus in this case from impairment of voice, but as we ask the man to cough we get more tussile fremitus over the left side than we do over the right. Fremitus is increased in two ways, by consolidation of lung tissue, or by connection along the tubes.

After palpation, we come to percussion. If this man were in a state of perfect health, you would get a slight difference in the percussion note over the right and left lung. In the case of right handed people we get a little more dullness over the right lung and *vice versa* on account of the difference in the thickness of the muscles. On percussion we get marked dullness over the left lung, as compared with the right in this man's case.

From these physical signs we can, therefore, conclude that there is something wrong with this man's left lung. There is present there, more or less consolidation of the lung tissue, and a thickened pleura.

This now brings us to auscultation and this subject brings up the question, What do you listen for when you place your ear to a chest like that? You are simply listening for the respiratory murmur, and this respiratory murmur may be vesicular, bronchial or cavernous breathing. Having satisfied yourself about the character of the respiratory murmur and the vocal resonance, we listen lastly for what are called adventitious sounds, viz., sounds produced in the chest by disease. Of these adventitious sounds there are three classes, viz., râles (rattles), frictions and splashing. We have three varieties of râles, dry, moist and indeterminate.

As I listen over this man's chest under the left clavicle, I get on auscultation the physical signs of a cavity. When we percuss over a cavity, we get dullness as a rule, but in certain exceptional cases we may get tympanicity. In the third stage of phthisis, the pathological lesion is generally a complicated one, and you are likely to have fluid in the cavity, a thickened pleura, and other morbid conditions that go to produce dullness on percussion.

Having now gone over this case thus briefly, and having decided upon the diagnosis of phthisis as the cause of this man's trouble, the question comes up, What can we do for him in his present condition? The treatment of phthisis to-day, it must be borne in mind, is still purely symptomatic. We do not use depleting remedies now, as formerly, but we nourish the patient as well as we can. Keep him in the fresh air, give him plenty of milk, cod liver oil, and easily digested food, and treat each symptom as it develops. Filleau thought that he had dis-

covered the cure of phthisis by injecting carbolic (phenic) acid into the patient's body, to be exhaled by the lungs. Seiler claimed that hydrofluoric acid fumes did the same thing. Then came the Bergeon method. Iodoform, arsenic and creosote have all been tried, but without avail. However useful they may be, no one claims that they can cure phthisis. Recently, the whole world has been moved by the well-known discovery of Koch. Sufficient time has not elapsed to pass upon the therapeutic value of this discovery in the cure of phthisis. But, supposing all is true that is claimed for it, the importance of an early diagnosis, and the prompt application of the remedy is at once apparent.

Now there are certain complications that may arise in the course of phthisis which it may be well for you to know how to treat promptly and efficiently, for these complications may sometimes exhaust our patient's strength to such a degree as to utterly defeat any measure of relief or comfort he may be otherwise likely to obtain. Of the complications that attend phthisis, perhaps the most alarming and, and at the same time, the most dangerous is hæmorrhage. Suppose you were treating a patient in this stage of phthisis who was troubled with hæmorrhage. What would you do to arrest it? You may have a profuse hæmorrhage from the lungs before any physical signs of pulmonary phthisis present themselves. This may be the first objective sign of phthisis that you get, and it is usually a very bad sign. At other times, during the progress of the malady a large artery running across a cavity may rupture and give rise to a profuse hæmorrhage by aneurismal dilatation. Now, every one has a different remedy for hæmorrhage in phthisis. It is well to have but one, and that a safe and ready one. Ergotine with morphia is the one remedy I would recommend you to use for this pathological condition, and you will generally find it very efficient.

Ergotine acts by contracting the fibres of the capillaries, but how morphine acts in this connection I am unable to say, but I know from clinical experience that it does good, it allays nervousness, keeps the patient quiet and prevents restlessness. We know in intestinal hæmorrhage due to typhoid fever, morphine stops peristaltic action of the intestine and favors the formation of a clot.

I saw lately at the Brompton Hospital in England, a case of pulmonary hæmorrhage where everything was tried in vain to stop hæmorrhage in a patient with phthisis and the physician in charge had finally to have recourse to morphia to keep the patient quiet, and 1-3 grains of ergotine hypodermically. This succeeded in arresting the hæmorrhage. Twenty-five years ago at Bellevue Hospital the drinking of a saturated solution of common salt was used with very good result in arresting the hæmorrhage of phthisis, and Dr. Alonzo Clark used to say if that remedy did not stop hæmorrhage from the lungs nothing will. How does salt and water act in this connection? Salt simply acts by drying up the blood, and as it is well to have a reason for everything we do, I give you this reason for the use of salt in pulmonary hæmorrhage.

There is another complication of phthisis I wish to speak to you to-day about, and that is night sweats. These night sweats, we know, weaken the patient considerably, and are a very distressing symptom to have. I wish to tell you that because your patient is in the third stage of phthisis, it is no reason why you should abandon him hopelessly. I have seen such people, when sent to a suitable climate, do very well indeed. When a patient has night sweats, you must do something to stop them, but what medicine are you to give to produce this effect? It is a common practice with dispensaries in this city to give one dram of the tincture of belladonna, in a two ounce mixture of Stokes's expectorant, for this purpose. In private practice it may not be desirable to give this remedy, as it has a tendency to produce hoarseness in your patient, and this is a rather unpleasant thing to happen. I had a very bad case of night sweats in a private patient the other day and the very first dose I gave of this mixture stopped them at once. If this remedy should, however, fail in arresting these sweats, then you may try agaricin in doses of ¼ of a grain three times a day and increase this amount till you have given the ¼ of a grain three times a day; or better still give your patient the oxide of zinz according to the following formula:

℞ Pulv. zinci ox.....iij gr.
To be taken on going to bed at night.

These three remedies are the most efficient that I know of in arresting the night sweats of phthisis.

There is another good thing about the use of balladonna in this connection, and that is in all cough mixtures for the relief of phthisis we have to give opium to a greater or less

extent. Belladonna mixed in with the cough mixture containing opium counteracts the bad effects of the latter drug.

There is another point I wish to speak to you about in this connection, which may prove to you of some practical interest, for though phthisis is a pretty threadworn subject, I think we can learn something new every time we go over this matter. Suppose your patient has a hectic fever every afternoon, how are you going to treat this complication satisfactorily? Hectic fever, you know, is a very disagreeable complication in the course of phthisis, it keeps your patient emaciated, ruins his appetite and renders him absolutely uncomfortable. I remember the time when these patients used to be given quinine in very large doses for this condition, but without producing any good effect whatever. Quinine will not lower the temperature to any appreciable extent in phthisis, pneumonia, pyæmia, or any other similar affection. It is, besides, a very dangerous drug to use in large doses, as I have seen it given in the case of phthisis. Antipyrine is a good remedy to employ for reducing temperature but it produces diaphoresis in your patient, and that is a condition you do not want to develop in a patient with phthisis. Antifebrine is a better remedy to employ for reducing temperature in these cases, as it does not give rise to so much diaphoresis as does antipyrene. By giving five grains of antifebrine in the form of tablets, in the afternoon, at about one o'clock, and five grains more at five o'clock in the evening, your patient will be enabled to spend quite a comfortable night. It is a rule at Bromptom Hospital to let the temperature alone unless it went over 102° F., though I often bring it down below 101° F., because such a temperature as that gradually exhausts your patient's strength and vitality.

You should not forget to supplement this treatment, as I have now outlined it to you, by sending your patients to some climate where they can pass the greater part of the time out of doors in the open air.

Goldbeater's Skin for Cracked Nipples.

M. J. Blechmann (*Paris Medical*) advises the treatment of cracked or fissured nipples by means of goldbeater's skin. Over the nipple affected after wetting with simple clean water, there is applied a round piece of goldbeater's skin, of about ten centimetres in diameter. The center of the skin is first pierced by a number of fine holes with a needle. The skin takes the form of the nipple and adheres like a second epidermis. It should then be moistened and after each nursing a new piece applied.—*Ex.*

COMMUNICATIONS.

CARIES OF COSTAL CARTILAGE FOLLOWING ENTERIC FEVER—PERSISTENCE OF SINUS AFTER OPERATION—TREATMENT BY METHYL-VIOLET—CURE.

BY J. C. WILSON, M. D.,
PHYSICIAN TO THE JEFFERSON HOSPITAL, ETC.

The following case is briefly reported, (1) as an example of a sequel of enteric fever rare in this country though relatively frequent in Europe, and (2) on account of the result of the treatment:

A gentlemen 32 years of age consulted me on October 9th, 1890, in regard to an open sinus in the lower part of his right chest, near the mammillary line.

He stated that during the summer of 1889 he had, suffered from a severe and unusually prolonged attack of typhoid fever, from which he had, however, made as regards his general health, a satisfactory recovery.

In the early days of his convalescence he had experienced distressing pain, localized in the lower part of the right chest. The painful area was extremely tender upon pressure. In the course of a short time an abscess formed at this point which ruptured spontaneously. The resulting sinus refused to heal and continued to discharge a small amount of thin pus.

The diagnosis of caries of the cartilage of the rib was made and some months later an operation was performed. This procedure, however, failed to give relief, and the sinus continued to discharge thin pus as before, though in smaller amounts; its outlet occasionally closing, only to reopen in the course of a few days under the pressure of the accumulated secretion.

Upon examination the opening was found to be surrounded by pouting granulations; it was somewhat retracted; the neighboring tissues for a distance of an inch or two were infiltrated; the skin congested and bluish.

A probe introduced, passed in a direct course upward and backward a distance of about an inch and a half. Being introduced with the tip bent, it passed behind the cartilage of the sixth rib near its costal articulation. The cartilage was distinctly felt to be roughened.

The patient stated that he had recently been advised to have the affected portion of the cartilage excised. In this I fully concurred. Upon further conversation, the

patient's disinclination to an operation being very great, I proposed the treatment of the wound by methyl-violet, a small quantity of which had been sent me a few weeks before by Dr. Johnstone of Brooklyn who had received it directly from Professor Stilling. It was agreed that the patient should regard this as a clinical experiment.

A small quantity of a five per cent. aqueous solution of the blue pyoktanin was injected by means of a curved dental syringe introduced to the cul-de-sac of the sinus behind the cartilage. Upon the withdrawal of the syringe, the orifice was closed by a pad of absorbent cotton which was held in place by strips of adhesive plaster. This maneuvre was repeated on five occasions, at intervals of three or four days. During this period the infiltration of the skin surrounding the fistula rapidly diminished; the neighboring skin lost its livid hue; the pouting granulations underwent resorption and the discharge practically ceased.

Two weeks after the last injection, namely on the 17th of November, the patient returned. The sinus had closed; the infiltration had disappeared and the slightly indurated, but healthy cicatrix alone remained. A distinct loss of the substance of the cartilage, or its inferior border could be felt. Whether this was the result of the caries or of the scraping at the operation, cannot be determined.

To-day—May 25th, 1891—the patient reports that he has had no further trouble. The cicatrix is thin, pliable and movable.

I desire to call attention to the fact that the solution of methyl-violet used in this case was very much stronger than those usually recommended, and to the fact that the outlet of the orifice was immediately closed by a small pad of tightly rolled cotton with a view of retaining the solution in contact with the walls of the sinus.

The treatment was almost painless, and resulted in a cure which now promises to be permanent, without the loss of a single hour's time on the part of the patient, and without the annoyance incident to a surgical operation.

In view of these facts the treatment of small sinuses, resulting from carious processes, by strong solutions of methyl-violet should be tentatively instituted as a preliminary measure prior to a surgical operation.

Maygrier reports an instance of a female fœtus weighing thirteen and a half pounds. Its total length was 58 cm.

REPORT OF A CASE OF FIBRO-PAPILLOMA OF THE BLADDER, WITH RECOVERY.

BY D. W. CADWALLADER, M. D.,

GYNÆCOLOGIST TO ST. AGNES HOSPITAL, PHILADELPHIA.

M. Q., age 30, was admitted to St. Agnes's Hospital, November 20th, 1889, with the following history:

Has been married 13 years and given birth to eight living children; labors all easy; made good recoveries and never had any miscarriages. In March, 1889 her "sickness" ceased and did not return until June, when she began to have "bearing down" pain and a slight discharge of blood each day. This continued up to August 10th, on that day she passed a mass, which on examination by her, proved to be clotted blood; a similar clot was passed a week later, and about this time she began to have occasional hæmorrhages, which were profuse and which continued to present date; has had over thirty in all, and lost as much as a pint and a half of blood at one time. All this time (from March until June) she had no signs of pregnancy other than a cessation of the menstruation.

On admittance she was extremely faint from loss of blood; was terribly emaciated—in fact, reduced to a *mere skeleton*—and had the appearance of one suffering from some malignant disease. She, however, suffered little or no pain, with the exception of occasional vesical tenesmus, which latter symptom was only elicited by the closest questioning, and which she thought very trivial. At this time she had not noticed any blood in the urine.

She had been under the care of two able physicians, one telling her that she need not expect to recover; the other saying she had a miscarriage, and would require a *curretting of the womb* to insure relief from the hæmorrhages. On examination I found the uterus in a normal condition in every respect, with the exception of a slight laceration of the cervix. There was no evidence that a miscarriage had taken place, or that the hæmorrhages had their origin in the uterus. The ovaries and tubes were in a healthy condition. I, therefore, excluded the uterus as the origin of the profuse hæmorrhages, which had now continued for several months. The urethra at its external orifice presented a laceration a quarter of an inch in extent; and by passing the index finger along on the anterior wall of the vagina, there was

detected a mass the size of a large English walnut; it was somewhat flattened, and to the finger in the vagina was quite firm. It appeared to be on the interior surface of the bladder, extending from the fundus to the neck of the bladder.

Introducing carefully a metallic catheter and drawing off a small quantity of urine—free from blood—the growth could be easily felt with the instrument, in the location already indicated. The growth here—in the bladder—felt softer, with somewhat ragged edges, was not pedunculated but *on the contrary, appeared to have a broad attachment to the posterior vesical wall.*

I asked my assistant to feel the growth with the instrument, already in the bladder, and to use extreme gentleness in its manipulation, as these growths frequently bleed profusely. He, however, made undue pressure on the growth, when, suddenly, a profuse hæmorrhage occurred; the patient must have lost at least three pints of blood, some fragments were also passed.

She was put to bed, with the hips elevated, and measures were taken to counteract the shock. These consisted in the application of ice over the hypogastrium, and in the vagina; and hot water bottles to the extremities, and the administering of a small quantity of whiskey. The hæmorrhage ceased, and but a short time ensued till reaction occurred. For a number of weeks large quantities of milk, with other nutritious diet were given; chalybeates and vegetable tonics employed, and absolute rest in the recumbent position enforced.

A microscopic examination of the fragments passed from the urethra, proved the growth to be *Fibro-Papilloma of the Bladder.* I therefore decided to make no operative interference for the present, preferring *la médecine expectante,* as there seemed a decided tendency for nature to expel the growth.

On November 24th, another hæmorrhage occurred; more fragments were passed. The urine was found to contain blood occasionally; at other times, perfectly free from blood.

These fragments continued to come from the bladder every few days, for a period of about four weeks. No severe bleeding occurred after November 24th, and the patient continued to improve. The examinations which were made from time to time proved the growth to be gradually diminishing in size until she was discharged, January 30th, 1890, much improved. On that date the only traces of the vesical growth was a slight thickening of the posterior vesical wall.

She menstruated naturally the latter end of December; again in January, and continued regular. I saw her in December '90, when she informed me she had been in perfect health since leaving the Hospital. Had not had any hæmorrhages of any kind; had continued to menstruate regularly up till October. On examination I found her about three months pregnant and *no traces of the vesical growth.*

I report the foregoing case, firstly, because there are not any reported cases, to my knowledge, where these vesical growths of the bladder, have been expelled by nature through the urethra, and thus resulting in a cure, without the intervention of an operation; secondly, because until recently there has been but little said or written on the subject, and have been considered extremely rare, while there is but little doubt they are frequently overlooked, especially in the female.

THE MECHANICAL TREATMENT OF UMBILICAL HERNIA IN CHILDREN.[1]

BY J. M. THOMAS CHAPMAN,

BESSEMER, ALA.

These varieties of hernia of late have caused considerable discussion from the medical profession. More able men than myself have handled the subject.

The treatment as recommended has not met with general approvement. To me it seems a little presumptuous that I should advance any new treatment but following the old adage, "In unity there is strength," by combining our ideas as we are working and tending in the same direction, by co-laboring together we may yet reach the goal for which we are striving.

In some of these cases the hernia yields readily to mechanical appliances, it matters not of what kind, so there is pressure enough to keep the intestines within the abdominal cavity. Other cases are more obstinate, and give physicians considerable annoyance.

The treatment recommended by our most able men is not satisfactory.

The cork pad of Erichsen is very seriously objected to for this reason, the pressure is not equal, the resisting force is so great as to cause the aperture through which the hernia has escaped to assume less circular

[1] Read before the Amer. Med. Assoc. May 6, 1891.

outline, and the aperture to enlarge, as its natural tendency is to be displaced.

The treatment of Ashurst being very similar, I will not dwell on it as a whole, his treatment but call special attention to certain points, viz.: He used wax instead of cork, it is to be stripped on with adhesive plaster, and removed from time to time when detached by washing. In children where the cuticle is so delicate plaster of any kind that remains on for any time, abrases the surface and causes the child to cry and fret to such an extent that this treatment is unsatisfactory. A child aged nine months was brought to me for treatment, founded with unbilical hernia. From inquiry I found that the hernia made its appearance in the child when two months old. I tried the various modes of treatment as recommended.

My case did not seem to improve, but, to the contrary, get worse. The family of which the child was a member was very much discouraged, they were unwilling for any operation.

I tried a number of appliances that I constructed with negative results, but one idea leading on to another with the same end in view resulted in making the following, to wit:—

I made a jacket, about 6 inches wide, of silk fabric, nicely padded with sixteen eyelet holds on either side. I used absorbent cotton for padding, as it takes up all the impurities that may arise from the cuticle. It is a disinfectant, and makes the jacket soft and light. I attached anteriorly, and posteriorly over both right and left shoulders, strips two inches wide; these strips are padded the same as jacket, their use is to hold the jacket in place, as its natural tendency is downward. I used a round silk elastic for lacing the jacket, this cord will give easily and is stout enough to adjust itself.

If the flatus in the bowels is excessively abnormal I give a simple laxative which will generally relieve them. I take the pad from the water truss, remove the metallic plate from the silk gauze over the exposed surface by means of silk threads, I then adjust the pad to the hernia and attach the pad to the jacket while in position.

The beauty of this pad is its lightness, and softness, and yet it is sufficiently stout to hold parts in place, without enlarging the aperture.

It does not abrase, and can be worn without any discomfort to the child. When the child is asleep, I recommend that it be removed, and replaced on awakening.

I have used this truss in about fifteen cases, the results have been satisfactory.

I have recommended the use to a number of my brother physicians, and in every case the results were gratifying. I had one made under my own supervision, for my esteemed and honored friend, Dr. W. E. B. Davis, of Birmingham, Ala. He was so much pleased with it that he requested me to prepare a paper on the subject, which I have done. This is only a synopsis, so not wishing to consume too much of your valuable time, I will sum up the advantages of this simple little appliance.

1. I claim that it is light, and yet stout enough to hold parts in place without discomfort to the child.

2. The water pad is such that it will not produce force enough to enlarge the aperture, as we know its natural tendency is to be displaced.

3. It will not abrase, and can be worn, if the bowels should be enlarged, from accumulation flatus, as the silk cord will give to such an extent as to adjust itself to the surroundings.

4. And last, but not least, if it does not obliterate the hernia, it facilitates subsequent retention.

Society Reports.

STATE MEDICAL SOCIETY OF PENNSYLVANIA—FORTY-FIRST ANNUAL MEETING,

READING, PENNSYLVANIA, JUNE 2, 3, 4, AND 5, 1891.

First Day—Morning Session.

The meeting was called to order by the President, Dr. Alexander Craig, of Columbia, Pa., and prayer offered by the Rt. Rev. M. A. DeWolfe Howe, D. D., LL. D., Bishop of the Diocese of Central Pennsylvania. Hon. T. P. Merritt, Mayor of Reading, being introduced by the President, delivered an address of welcome on behalf of the city of Reading.

ADDRESS OF WELCOME.

The Mayor said it had been forty years since the State Medical Society of Pennsylvania, then in its infancy, had met in Reading. Since then the progress of the medical

sciences had been very great, and deserved the warm appreciation and earnest support of the community at large. In his opinion the medical profession was above all others the most self-sacrificing. In the life of a true physician, all thoughts of personal convenience were laid aside. This was especially true of the country doctor.

Many of the members present, continued the Mayor, had not only gained name and fame in their professional careers, but had also won well-earned laurels by active service during our late war. He hoped that the stay of the visiting physicians in Reading would be a pleasant one, and that they would carry pleasing memories away with them. They would be taken over the mountain railways and be shown landscape pictures of nature's own production, that rival any in America, and that when once seen can never be forgotten.

In addressing this assembly of physicians the names of many came to his mind; among the dead being Pancoast, Wood, Gross, Leidy and others, and among the living, Agnew, Pepper, Tyson and Keen.

The Mayor then extended an invitation to the visitors to visit the leading manufactories and industries of Reading, and in closing said: "We are a growing town. We have three Hospitals, one Old Woman's Home, and several other charitable institutions, all well supported. Our schools thrive, our churches are everywhere in the city, and our industries are daily increasing. I sincerely hope that your meeting will be a most profitable one, and trust only that your pleasant relations with us, and the enjoyment you may partake of while here, will be ever linked in your memories among the happiest recollections. Again, in the name of the citizens of Reading, I bid you a hearty welcome."

Then followed an address of welcome by Dr. S. L. Kurtz, Chairman of the Committee of Arrangements, on behalf of the Berks County Medical Society.

ADDRESS OF WELCOME.

Dr. Kurtz said: "Forty-two years have elapsed since your last meeting in this city. A generation of people has been born and died in the interval. Of the members of the Berks County Medical Society, who greeted your organization on that occasion not one is with us to-day, and of the members of the State Society in attendance then, there are but five survivors." Dr. Kurtz then spoke most forcibly on the urgent need and desirability of having the Legislature enact a law governing the practice of medicine in Pennsylvania. The speaker then gave a brief but interesting description of Berks County, which, he said, was an eminently agricultural and manufacturing district. The population of Reading at the date of the former meeting was about 12,000, while to-day it exceeds 60,000. In the meantime the city's manufacturing establishments have also greatly multiplied in number, increased in capacity, and are of a most diversified character. Dr. Kurtz then referred to several things in which he claimed Berks county excelled, mentioning among others the Brown-Segment wire gun, and the Carpenter steel projectiles. He then gave a vivid and interesting description of Mounts Penn and Neversink, Klapperthal, the Highland House, Mount Penn Tower and the Mineral Spring Park, points of interest which the visitors would have the opportunity of seeing. In closing he said that the members of the Berks County Society desired that every visiting member and delegate should not only feel that he had garnered the golden fruit of knowledge and experience during his stay in Reading, but also that his social enjoyment might ever remain as a bright and enjoyable remembrance.

It was then announced that the Postal Telegraph Co. had established an office in the hall for the convenience of the visitors.

Dr. Charles W. Bachman then read the programme, and immediately after, Dr. Charles W. Dulles moved that the report of the Committee on Incorporation, of which he was Chairman, be inserted here instead of during the proceedings of the second day, where it had been placed. The motion was carried and Dr. Dulles proceeded to read the report, which stated that a charter had been obtained and that the present meeting was the first the Society had ever held as an incorporated body. Dr. Dulles presented the charter to the President, who delivered it to the custody of Dr. Atkinson, the Permanent Secretary.

On motion of Dr. Jackson, Thursday morning (third day) was set apart for the consideration of amendments to the constitution, during the time allotted to unfinished business.

The report of the Treasurer, Dr. Dunmire, was then presented, and the assets of the Society shown to be $809.88. During the year $2,709.00 had been received from the various county societies, and $2,097.64 expended.

Dr. Edward Jackson then presented the

report of the Committee on Publication, regarding the publishing and distribution of the Society's transactions. The report was received, and the bills incurred ordered to be paid.

It was moved by Dr. Dulles that the Permanent Secretary be authorized to hold the treasurer's bond for $1,000. Heretofore while the bond has been required, no custodian for the same had been appointed. The motion was carried.

The President then appointed an auditing committee to audit the treasurer's account.

Dr. Murray Weidman, of Reading, offered a resolution providing for the appointment of a committee to consist of one member from each county to collect funds for the erection of a monument in Washington, D. C., in memory of the late Dr. Benjamin Rush, of Philadelphia. The resolution was adopted, and each county asked to nominate one of their members to serve on this committee. Dr. Weidman then presented to the Society a copy of the proceedings of the meeting at which the Society was organized, Oct. 11, 1848. In accepting this gift, the Permanent Secretary stated that these proceedings were extremely rare and that the gift perfected the archives of the Society, none of the proceedings being missing. A vote of thanks was tendered to Dr. Weidman, and the session then adjourned for the morning.

The Afternoon Session—2 P. M.

The afternoon session was opened by Dr. J. Chris. Lange, of Allegheny, who delivered the annual

ADDRESS ON MEDICINE.

This address showed careful preparation and was well received. Dr. Lange stated that a golden era was being entered upon by the Medical Profession, and that great things were promised in the near future. He spoke of the growing inclination of the profession to use proprietary medicines, and vehemently denounced this tendency. He declared that the introduction of such remedies was merely a scheme to make money for their owners, and that their success was a detriment to the profession. There are many reliable and effective medicines being used which are standard, yet many reputable physicians desert these well-tried therapeutic agencies for proprietary medicines which have emanated from the laboratory of the chemist instead of from the clinical experience of the physician. From a medical and ethical standpoint, such conduct is inexcusable.

There being no discussion, Dr. A. B. Brumbaugh, of Huntingdon, delivered the annual

ADDRESS ON HYGIENE.

During the course of his address, Dr. Brumbaugh said that less attention was being paid to ventilation than was proper, and that the most important questions a physician was called upon to answer were embraced in hygiene. Dr. Brumbaugh also advanced the assertion that no case of consumption exists that has not been brought on by dyspepsia, and that many cases are directly traceable to the use of tobacco, which may justly be looked upon as an exciting agent of this disease. Could tobacco, together with its ally, the liquor traffic, be rooted out, one of the most infectious diseases would be greatly mitigated. The licensing of tobacco and liquor, and securing revenue from these sources, is like sending out an army of fiends to mutilate and destroy, and then sending out another to bind up the wounds of the sufferers. Dr. Brumbaugh also spoke at length on the danger of water pollution by cemeteries near the banks of streams in large cities, and spoke of this as a potent factor of disease.

Dr. Wm. F. Waugh was then called upon for his paper on typhoid fever, but failing to respond, Dr. John M. Batton, of Pittsburg, read a paper on the subject of

TAPE WORM.

Dr. Batton cited several interesting cases in which he had been able to remove entire worms, measuring from 2 to 7 yards in length, by the use of turpentine and cocoanut.

Dr. James Tyson, of Philadelphia, in the discussion that followed the reading of this paper, said that cases of tape worm were very rare, and that he only met about one case a year in his practice. The subject was fully discussed by several members.

Dr. John B. Roberts, of Philadelphia, presented a resolution to the effect that the bond of the treasurer be placed in the hands of some reputable Trust Company, to guarantee the faithful performance of his (the treasurer's) duty, and that the annual premium be paid by the Society. The resolution was laid on the table.

An invitation from the Wyomissing Club, tendering the visitors the use of the club-house during their stay, was, on motion of Dr. Ulrich, accepted, and a vote of thanks tendered the club. The session adjourned for the day at 4 P. M.

Later in the afternoon a visit was made

to the Reading Hospital, where the visitors were received and entertained by the Ladies' Auxiliary, and lunch served. The location and excellent equipment of the Hospital afforded the visitors much gratification.

In the evening, at 8 o'clock, the members again assembled in the Academy of Music, where the entire meeting was held, in order to hear the

PRESIDENT'S ADDRESS.

The Academy not only contained members of the Society but also a large number of ladies and guests, so that the large auditorium was well filled. Dr. Craig, the President, was introduced by Dr. S. L. Kurtz, chairman of the committee of arrangements.

At 9 P. M. a reception and banquet was tendered the visiting physicians by the members of the Berks County Medcal Society of

Second Day—Morning Session.

The meeting having been called to order by the President, the following physicians were named for the Committee on Nominations: Allegheny, A. Koenig; Armstrong, J. F. Henry; Berks, H. Landis; Bradford, C. L. Stephens; Bucks, J. N. Richards; Butler, J. C. Cort; Chester, W. R. Perdue; Dauphin, W. T. Bishop; Delaware, W. B. Ulrich; Elk, J. J. Finerty; Green, J. M. Williams; Huntingdon, A. B. Brumbaugh; Indiana, A. B. Ansley; Lackawanna, L. M. Gates; Lancaster, M. G. Motter; Lebanon, J. R. Bucher; Lehigh, M. F. Early; Luzerne, L. H. Tabor; Lycoming, J. G. McCormick; Montour, C. B. Mayberry; Northampton, W. L. Estes; Philadelphia, Bernard R. Lee; Schuylkill, J. F. Bronson; Warren, M. S. Guth; Washington, J. B. Donaldson, and York, S. J. Rouse.

Dr. Ziegler, of Columbia, opened the business by moving a vote of thanks to the President for his able address. The motion was unanimously carried. The first paper of the day was the

ADDRESS ON MENTAL DISORDERS.

Read by Dr. Samuel Ayres, of Pittsburg. Dr. Ayres dwelt principally upon gastro-intestinal catarrh as a cause of insanity. He said that melancholia and disorders of a similar nature were in the majority of instances attributable to a derangement of the digestive organs, or the stoppage of the passage of some duct. A healthy, vigorous body, he regarded as essential to a sound mind. Many other derangements of the nervous system were also due to intestinal troubles. In his opinion many of the mental disorders found in adults begin in childhood, and are due to injudicious feeding. Hot bread, cakes, sweets, and so forth, were the cause of many digestive derangements which result in serious disorders as age increases.

The liver normally acts as an obstruction to, and destroyer of, the poison which enters the system, but when this organ becomes weakened by vicious living, it is no longer able to discharge its duties, and cannot throw off all the poison. There are three recognized forms of gastro-intestinal poisoning. The first by sulphurretted hydrogen, formed by putrifying matter within the stomach and bowels. This condition may justly be called a gastro-intestinal sewage poisoning. The second form is by ptomaines, and the third is a toxæmia. All these may result in both mental and nervous derangements. In passing cases where the exciting disease is neither aggravated nor chronic, these symptoms may take the form of vertigo or insomnia, and are directly due to the absorption through the digestive tract of some morbid element. If these symptoms become intensified by chronic gastro-intestinal troubles, melancholia or even suicidal mania may be the result. The absorption of toxic matter may frequently occur through the kidneys, and we often find forms of insanity supplementing renal disease—especially Bright's disease. In such cases the uræmic disease is not the primary cause of the mental condition, but it causes a discharge of poison into the blood, and this in its turn, gives rise to the mental symptoms. Science has, unfortunately, not yet advanced sufficiently to enable us to ascribe any one definite cause for insanity, neither has it yet shown us that it is the work of a microbe. The speaker believed, however, that some specific would be found for insanity, and that at no distant day some lymph would be found, the inoculation of which would effectually counteract the poison that diseases the mind.

At present prophylaxis promises more than therapeusis, and the preventive or active treatment of dyspepsia in children is of great importance in this respect. Even cases of melancholia and other forms of insanity have yielded when, by means of active medication, the digestive disturbances have been cured. In such cases all food or drink which is likely to cause rapid fermentation should be avoided. Diuretic elimination is also frequently of great value.

Finally, in children of weak digestion all starchy or saccharine foods should be carefully restricted.

Dr. Israel Cleaver, of Reading, then read a paper entitled:

HISTORY OF THE MEDICAL PROFESSION IN BERKS COUNTY.

The reading of this paper was followed by Dr. H. G. McCormick's

REPORT OF THE LEGISLATIVE COMMITTEE.

This report related to the bill for the appointment of Board of Medical Examiners, which was defeated by the last Legislature. The report showed that the bill was defeated by the members of the Society themselves, and detailed the energetic efforts of the committee to secure legislative protection for the medical profession.

Dr. E. E. Montgomery moved a vote of thanks to the Legislative Committee. The motion was carried.

Some discussion ensued upon the suggestion that the committee should be continued so as to make another effort to secure legislation at the next session. Action was deferred until the time allotted for new business was reached.

Dr. J. M. Anders, of Philadelphia, read a paper entitled:

THE TREATMENT OF SUBACUTE PLEURITIS.

Dr. Anders related the histories of many cases successfully treated by himself, and also spoke of the various methods employed in the treatment of this disease. He strongly advises light gymnastics for the development of the chest. The paper was discussed at some length by Drs. J. B. Roberts and James Tyson, of Philadelphia, and Dr. Carpenter.

Dr. Wm. F. Waugh then read his paper on

TYPHOID FEVER,

This being the third paper on the subject which Dr. Waugh has read before the Society. It embraced a large number of cases successfully treated.

Under the head of New Business, Dr. W. B. Ulrich, of Delaware, presented a resolution authorizing the appointment of a committee of seven, to continue the effort to have the Legislature pass a bill for the appointment of a board of Medical Examiners, and appropriating $200 for the expenses of the said committee during the year.

The resolution was adopted.

Drs. Early, Richards and Cleaver, who had been appointed to audit the report of the Treasurer, found it correct.

Dr. Hiram Corson, of Conshohocken, then presented the following preamble and resolution:

"In view of the fact that insanity seems to be on the increase in a ratio greater than the ratio of increase of population, and that just about one-half of the thousands of insane in our hospitals are females, it appears to me that it is desirable to have both sexes represented in our Board of Public Charities, and also in our Boards of Trustees of Hospitals for the care and treatment of our insane. And in the presence of the fact that the zealous, unaided efforts of a single woman—the well-known and greatly beloved Dorothea Dix—has had more effect in improving the condition of the insane in our State, and indeed in the whole country, than can be claimed of any one of us, therefore,

"*Resolved*, That a committee be appointed by the President of this Society, to appeal to His Excellency, the Governor, to fill the first vacancy which shall occur in the Board of Public Charities by the appointment of an enlightened and philanthropic woman."

The presentation of Dr. Corson's resolution and preamble, provoked some discussion.

Dr. Ulrich, of Delaware, heartily endorsed its language and paid a high tribute to women.

Dr. Bishop, of Harrisburg, suggested that the Society approach the subject with some care. He was in favor of the resolution, but the preamble, if adopted, would mean an endorsement of its language, which, however, he was not prepared to accept because he did not believe the ratio claimed was justified by facts. It was explained that the preamble was simply intended to represent Dr. Corson's personal views on the subject, and the resolution was then adopted, minus the preamble.

Afternoon Session—2 P. M.

The first order of business was the

REPORT OF THE COMMITTEE ON NOMINATIONS.

The Committee reported that they had unanimously elected Dr. S. L. Kurtz, of Reading, to the position of President. The announcement was warmly greeted. The remainder of the officers were elected as follows:

First Vice President, Dr. John B. Roberts, of Philadelphia; Second Vice President, Dr. H. H. Whitcomb, Norristown; Third Vice President, Dr. I. C. Gable, York; Secretary, Dr. Wm. B. Atkinson, Philadelphia; Assistant Secretary, Dr. Charles W. Dulles, Philadelphia; Treasurer, Dr. George B. Dumire, Philadelphia.

Delegates to the American Medical Association, Drs. A. M. Miller, Lancaster; H. O. Whitman, Dauphin; J. C. Biddle, Schuylkill; O. J. Stephens, Bradford; E. E. Montgomery, Philadelphia; T. M. Livingstone, Columbia; M. A. Rhoads and Henry Landis, Reading; A. B. Brumbaugh, Huntingdon; W. B. Ulrich, Delaware; W. F. Stewart, Wilkesbarre; J. J. Finnerty, Erie; H. D. Gardner, Lackawanna; J. M. Baldy, Philadelphia; R. G. McCormick, Williamsport; J. N. Richards, Bucks; Jacob Price, West Chester; A. A. Woods, Erie; J. C. Cort, Butler; Dr. Nutt, Williamsport; Hiram Corson, Montgomery; W. Murray Weidman, Berks; A. F. Bronson, Schuylkill.

Delegates to State Societies: Drs. J. W. Richards and W. L. Esters, to New Jersey; Dr. Taylor, of Wilkesbarre, to New York; Drs. M. G. Motter and T. C. Detweiler, to Maryland; Dr. M. L. Herr, of Lancaster, to the International Conference at Rome.

Dr. Thomas J. Mays then read the paper entitled:

THE CONTAGION THEORY AND TREATMENT OF CONSUMPTION.

(See REPORTER, June 6, 1891.)

This was followed by a paper read by Dr. Hugh Hamilton, of Harrisburg, entitled:

THE PHYSIOLOGICAL BEHAVIOR OF KOCH'S REMEDY.

Then followed a discussion of the subject of consumption which was to have been opened by Dr. Traill Green, of Easton. This gentleman, however, being absent, the discussion was opened by Dr. Charles W Dulles, of Philadelphia.

Dr. Dulles said that it was over 200 years since Sir Thomas Brown, in his admirable work, which every physician can peruse with advantage, spoke of the curability of consumption, and in a letter to a friend cited a severe case which had entirely recovered. Dr. Dulles went on by briefly touching upon the works and experiences of various medical writers from the science's very earliest history, all showing that even at those times the possibility of the cure for consumption was recognized. To be sure, the death rate from consumption is still enormous, about 60,000 deaths occurring yearly from this disease in British countries alone. The idea that consumption is incurable is very deeply rooted in the minds of the public. This belief is not new, yet consumption has been cured even during the time of Hypocrates, who refused to regard the disease as necessarily fatal. All through the history of medicine we find cases reported in which this dread disease has been cured. Hildanus tells of a most severe case, resulting in recovery.

Christian Bennett, who was born in 1617, was himself affected, and his work in which he describes his own cure, is well worth reading. This writer said that it was well to continue the curative means for some time after an apparent cure. The late Dr. George B. Wood claimed that consumption was often cured, or at least ended in complete recovery, while the cases of Dr. Joseph Parrish, and Bowditch, are familiar to all the profession. Dr. Dulles said he doubted not but that many of his hearers could report cases illustrating the curability of consumption from their practices. He said that he had at present several patients who were entirely free from cough and walking about well, who had unmistakably come to him as consumptives. The speaker then proceeded to cite several illustrative cases.

Dr. Dulles laid great stress upon the importance of properly conducted institutions for the treatment of the disease. While many patients may be well treated at home, they would surely do better in a properly conducted hospital where every facility for proper treatment would be at hand. He also called the Society's attention to the fact that such a hospital had been recently established in Philadelphia, called the Rush Hospital, and he hoped that this hospital would prove to be a more lasting and suitable memorial to the late Dr. Benjamin Rush, than monuments in bronze or marble.

Dr. W. T. Bishop continued the discussion by saying that while he had great admiration and profound respect for investigators, yet in his own mind he classed them with pharmacists. Both, in a large measure, do their work in the laboratory. After all, the treatment of consumption must be a rational treatment, in spite of surroundings and and whether the disease be produced by a bacillus or not. Study and experience will surely show us still more, and in destroying one scientific idol we may find a new point

of value in the treatment of the disease. At present he believed that too much was claimed for new remedies, and also that too much was claimed for the disease.

Dr. Bishop agreed with Dr. Mays's assertion that consumption was neither infectious nor contagious. The immunity gained by inoculation of man or animal is still disputed, and in Dr. Bishop's mind, has yet to be proved. The finding of a single tubercle bacillus in any one of these cases destroys the entire theory.

Regarding specifics, whether for consumption or any other disease, he does not believe in their existence. The enthusiastic investigator claims far too much, and wastes much time and energy in a search for something which does not exist. They seek to rob the grave of its lawful victim. The physician can at best only direct, it remains for the patient to accomplish the rest, and so long as this is true there will be no specifics. The apparent results of delusive tables would be greatly modified if compared with family histories and surrounding circumstances, and if all these points were clearly elucidated many would change their opinion.

Dr. Lewis H. Taylor said that if he were compelled to believe all he had recently read and heard regarding the contagiousness of consumption his life would be surely very miserable. A few weeks since, he had the pleasure of hearing the reading of a very valuable paper on the subject, in which it was claimed insomuch as molasses candy might be handled by tuberculous subjects it could also become infected, and it was therefore dangerous to give it to children. Again, insomuch as oyster openers might be tuberculous, raw oysters are dangerous; likewise milk, also meat. You are in mortal danger in any public conveyance; in fact it is a real wonder that with all these menaces to human life the human race still exists! Surely in such theories there is much absurdity.

We are, however, longing for light upon this dark subject, and we shall ever strive to find it. If we can dispel from the minds of over fearful subjects, the useless fears of continual menace, as well as the theory of incurability, we shall do well; while on the other hand, equal good can be accomplished by teaching the reckless the possibilities of evil which their rashness is likely to incur.

Suitable institutes and hygienic surroundings are, of course, of inestimable value, but unfortunately are not obtainable for all classes. In such cases what shall we do? We shall do as best we can, of course; we will remedy the unhygienic condition of the surroundings as far as possible, and we will ever seek to inspire our patients with that most important factor pertaining to subsequent recovery, *hope*. Let them know that they are not necessarily doomed to an early death, but that with care an ultimate recovery is very possible.

While rushing ever onwards in our search for knowledge, it is well to also hold fast to what we do know. Were it possible to sift the good, and only the good, from the great mass of treatments, theories, and remedies that have been reported to the profession, a great good might be done, and we might justly hope for great things.

Dr. L. F. Flick then said, in continuing the discussion, that for many years he had taken great interest in the subject of consumption, and had done considerable original work. At this meeting theories had been advanced that he felt called upon to challenge. He claimed that many had very erroneous ideas regarding the primary and fundamental truths concerning consumption. Many think because it is not contagious in the sense that small-pox is contagious, it is therefore not contagious at all. Even the advocators of the contagion theory do not claim this. On the one hand small-pox is a quickly contagious disease; on the other hand consumption is a slowly contagious disease. Again, the contagiousness of tuberculosis is confined within certain limited environments, namely, pus or sputa, and it cannot get about except by pus or sputa. The idea that our lives are in constant danger may be absurd without the fact of the contagiousness of tuberculosis being denied. Consumptives may indeed expectorate sputa laden with bacilli in the street with but very little possibility of any contagion arising therefrom. The bacilli do not live forever, and the sputa may either be washed away or trodden into the earth.

Dr. Flick said that his own clinical experience had taught him that the disease only showed its contagiousness in cases of prolonged contact, such as exist when nursing a patient during the last stages of the disease. As a point illustrating the non-contagiousness of tuberculosis Dr. Mays claimed that the tuberculosis caused in animals by inoculation was not the same as that occurring in man. Clinical evidence, however, is of greater value than experimental, and it has been clinically proved beyond all doubt that tuberculosis is contagious. He then cited a series of cases coming under his own obser-

vation in which the inmates of certain houses in a given locality, were one after another attacked with the disease. In the houses observed the deaths from consumption all occurred in 20 per cent, while in 80 per cent of these houses the disease did not occur. Scrapings from the walls of such infected houses have been innoculated into animals and have caused tuberculosis. It has repeatedly been proved that prisoners placed in cells previously inhabited by consumptives, will themselves develop the disease. The disease when once introduced into a locality becomes endemic.

It is a well-known fact that certain Indian tribes which have been infected with the disease have been completely exterminated by its ravages, while other tribes in which the disease has not been introduced remain entirely free from it.

Regarding the value of the prophylactic measures that have been recently introduced in Europe for the prevention of tuberculosis, in Italy alone, where the disease has been indeed a scourge, the death rate from consumption has been reduced seventy-five per cent. since the rigid enforcement of these measures, and at present in the southern part of Italy, when at one time not long since, consumption raged the worst, the death rate from this disease is now as low as ⅄ per cent., or practically nil.

"Regarding specifics, I not only believe in them, but use them with the best possible results. My own treatment consists of inunctions of a solution of iodoform in olive oil, together with larger doses of the drug internally. By this treatment I have cured a large number of cases. The gain in weight has been from six to twenty pounds, and the cough and other symptoms have disappeared. Of course I do not pretend to claim any infallibility for this treatment. The case may be too far advanced or so complicated as not to be more than benefited by this treatment."

That the treatment is of great value you will acknowledge when I tell you that my present results are from 50 per cent to 75 per cent better than they were prior to my using this method of treatment.

Dr. Ulrich, of Delaware, after telling an amusing anecdote regarding the infectiousness or contagiousness of disease, said, that after forty-five years' experience with consumption in his practice he could come to no other conclusion but that the disease was contagious. He had noticed this particularly in married couples, where the husband had consumption the wife was almost sure to develop the disease, and, indeed, frequently succumbed before the husband. The reverse was, however, seldom the case. What the means of propagation were he did not know, but that it was propagated could not be denied. Dr. Ulrich regarded poverty as a great source of consumption, due possibly to the bad hygienic surroundings of our poorer quarters.

Dr. Mays, in closing the discussion, expressed his pleasure in seeing such a general interest manifested in this important subject of pulmonary consumption; but would have to take exception to Dr. Flick's statement that while this disease was contagious it was not so in the same sense as are small-pox or measles. If it is contagious then it becomes a question of exposure, whether there may be a difference in the length of the incubation period or not. In the case of small-pox and measles those who are most exposed to the contagion are more liable than those who are not, but if it is true, as the speaker has shown, that those who are exposed to the bacilli are not more liable than those who are not, the plea of contagion, so far as consumption is concerned, must fall to the ground.

Dr. Flick's home infection theory rests on equally false premises. It shows a coincidence, and nothing else. Dr. Formad said, in discussing Dr. Flick's paper, some time ago, before the Philadelphia County Medical Society, "Who knows that affections which are universally regarded as being non-contagious do not show a similar relationship?" Probably if Dr. Flick had investigated the localities in which the abortions and miscarriages of the fifth ward occurred, he might have found that these were confined to certain houses. Dr. F. P. Henry, in discussing the same paper, said: "Sailors are very subject to syphilis, and they live chiefly at sea, therefore, from Dr Flick's premises, we would be justified in concluding that the syphilitic poison was lurking in the fabrics of ships, and not on land where the disease is contracted.

In regard to the statistics of Naples, which Dr. Flick says show such a marked diminution in the death rate of consumption, in consequence of the rigorous measures of isolation which were enforced in that kingdom from 1782 to 1860, he would say that he has known a number of authorities who have thought and written on this subject, but none who take such a distorted view of it as is done by Dr. Flick. By what means does he arrive at this conclusion?

By quoting the statistics of 1887, which

show that Naples had a low death rate from consumption during that year. But does he know that the death rate was the same in 1860, when these measures went out of force, as it was in 1887? If he had referred to the speaker's paper on the subject, he would have found that Dr. de Renzi, whom Dr. Flick quotes so frequently, "Marvels greatly (in 1863) that the City of Naples is fully as much liable to consumption, as either London or Paris, though the salutary condition of the climate should render it far less common," and that Drs. Spatuzzi and Somma, who have paid great attention to the mortuary returns in Naples, about 1860, affirm that one-sixth or one-seventh of the whole mortality was due to consumption; a mortality which compares very unfavorably with countries where isolation of these poor victims had never been dreamed of.

After the conclusion of Dr. May's remarks the session adjourned for the day. Later in the afternoon the visitors were taken over the gravity railroad to the summit of Mount Penn, where some time was spent in the tower, 1200 feet above the sea. The time was well chosen, the air cool, and the sky clear, so that the magnificent view, embracing six counties, and the Schuylkill Valley, was unobstructed.

In the evening the visiting physicians were entertained at a reception, given by the Mayor of Reading, and at another given by Ex-Congressman Hon. Daniel Ermentrout, at his residence.

During the afternoon the exhibitors presented Dr. Howard Reeser with a complete case of obstetrical and emergency instruments, as a token of their appreciation of his disinterested labors on their behalf. The pharmaceutical firms contributed to this gift with a large collection of valuable drugs.

Third Day—Morning Session.

The third day's proceedings opened with the annual

ADDRESS ON SURGERY,

By Dr. O. H. Allis, of Philadelphia. Dr. Allis gave his paper the title of *Problem's in Surgery*, and discussed at length the subject of amputations. He is not in favor of amputation unless it become absolutely necessary. No man is so poor that he cannot be made poorer, and physicians should not be in haste to take a limb from a man. In these days of antiseptic surgery, a crushed limb can be treated in such a manner, that even if amputation becomes necessary, it can, at least, be deferred for a few days, until the patient has recovered from the shock of the accident. The speaker illustrated with the aid of charts the methods of amputating the foot. If an amputation had to be performed, it should be the chief aim of the surgeon to give his patient a good stump.

Fractures and abscesses were then referred to and suggestions made as to their proper treatment by the speaker.

The discussion of this paper was opened by Dr. Packard, of Philadelphia, who said that he favored prompt amputation when any is necessary, but allowing as much of the limb to remain as possible.

Dr. Mordicai Price, of Philadelphia, who suffered an amputation of the right leg in 1863, said that he could carry as heavy a rifle, and do as much climbing as any hunter in West Virginia. He could not understand why in some amputations an unsightly stump was allowed to remain, and that he would consider the surgeon who left more than five inches of stump below the knee, one worthy of prosecution.

The discussion was continued by Drs. Flick, Brumbaugh, Bishop, and the President, Dr. Craig.

Dr. E. E. Montgomery then read a paper entitled:

CONDITIONS REQUIRING ABDOMINAL SECTION IN PARTURITION.

In this paper Dr. Montgomery gave a brief outline of the cases operated upon by him in the Philadelphia Hospital, drawing special attention to the various indications for abdominal section in parturition.

In the discussion which followed, Dr. Duffy, of Pittsburg, endorsed Dr. Montgomery's views. The discussion was continued by Drs. Price and DaCosta, of Philadelphia.

The two following papers on the programme, "Insanity following Operations in General Surgery," by Dr. Joseph Leidy, Jr., of Philadelphia, and "Hare Lip," by Dr. DeForrest Willard, of Philadelphia, were omitted, owing to the absence of these gentlemen.

The next paper read, was one by Dr. Edward Jackson, of Philadelphia, entitled:

WHAT TO DO FOR INSIPIENT CATARACT.

Dr. Jackson, while giving various means by which relief could be approved, spoke of the bad effects the blacksmith, puddling and glass-blowing trades have upon the eyes, and the great relief afforded by dark

glasses to persons whose eyes are exposed to great heat and brilliant light.

The paper was discussed by Drs. Thomas, Barr, and Taylor. The

ADDRESS ON OPHTHALMOLOGY

was then delivered by Dr. J. A. Lippincott, of Pittsburg. The speaker dwelt principally on the subject of trachoma, which he said, prevailed to a great extent in orphan asylums, public institutions, and among imigrants.

A number of proposed amendments to the constitution and by-laws were then proposed, after which the session adjourned.

Afternoon Session.

Dr. Milton Duff, of Pittsburg, opened the session by the annual

ADDRESS ON OBSTETRICS

which embraced an interesting history of, and the present standing of, our knowledge of this subject. He was followed by Dr. S. Solis-Cohen, of Philadelphia, who read a paper entitled:

NEWSPAPERS AND PATENT MEDICINES.

He said: "The subject is a delicate one, and when agitated the parties who advance any opinion against the pernicious evil, are accused of having a personal interest in some similar scheme, or that they desire to choke off all competition.

"There exists in every community a palpable and glaring evil, which reaches high and low, rich and poor. We desire to ask the publishers of the newspapers whether they are willing, in the sight of God, to continue to lend their aid to this fearful evil, the advertising of patent medicines. The miserable newspaper that goes to the poor, and the higher class of reviews and magazines which cater to the rich, both contain column after column of advertisements, testimonials, and certificates which are fraudulent and lying upon their faces.

"No man, be he editor or journalist, believes that a clothing store that only possesses one suit of clothes can perfectly fit anyone. Any physican who advances one effort to produce an abortion, is ignorant of the first principle of his art. In the newspapers we find column after column of advertisements promising to cure diseases of the blood, skin, and lungs if the patient will only swallow these money-making remedies. Men who put forth these advertisements, use the newspapers as a net to catch the poor, deluded creatures who eagerly endeavor to cure themselves by placing faith in these advertisements, written in the blood of thousands who have already become their victims.

"Have newspaper publishers a legal right to publish such advertisements? The answer unfortunately must be, that there is no Legislature to prevent it. But we all deny their moral right. They say that they do not guarantee the nostrums which they advertise. But the editor does guarantee, and is personally responsible for all editorials, and therefore he carefully considers and balances all which goes into the columns of his paper. Why not consider the health and happiness of the people to whom he caters? They say that one is not compelled to buy them, but this is only a secondary consideration, and the use of these quack nostrums is, in a large measure, due to the promiscuous advertising received from the newspapers. Our postal authorities forbid all newspapers, containing the announcement of any lottery, the privilege of the mails, yet, where is there a lottery half go bad as these vile mixtures which bear the name of patent medicines? These mixtures cause patients to lose valuable time in their desire to procure health, and often result in causing death. Many a child has been soothed to death by the use of soothing syrup; many a drunkard has been driven to death by the use of so-called substitutes for whiskey, and many a morphine eater has been killed by the use of substitutes more dangerous than morphine itself. We all have among us, either as patients or friends, editors and newspaper men, and let us go to them, not indignantly, but calmly and in a friendly manner, and put the subject before them. If I were an editor and should insert such an advertisement, I would consider every dollar that I received from such a source as so much "blood money," and as if stamped with the skull and cross bones."

The discussion of this paper was opened by Dr. F. W. Muhlenberg, of Reading, who said that the speaker had omitted to state that religious journals and orators were guilty of the same offence.

Dr. J. L. Zeigler, of Mount Joy, stated that before the discussion went any further he wished to say that it was a case of "Physician Heal Thyself;" and that before the doctors raise a cry against patent medicines they must see that medical colleges turn out better material, and not allow certificates to be given by so-called colleges, which are the worst frauds in the

country. The legislature is perhaps somewhat responsible for this state of affairs, by not acceding to the demand for a Board of Examiners, and thus allowing one of the most glaring frauds which has ever been perpetrated upon the people.

Dr. C. R. Early, of Ridgeway, read a paper on

CATARRH.

The paper dealt chiefly with the therapeusis of catarrh, and many interesting cases were cited.

The last speaker was Dr. John Aulde, of Philadelphia, who read a paper on the

PHARMACOLOGY AND THERAPEUTICS OF ENPHORBIA PILULIFERA.

The speaker claimed many new and interesting properties for the drug, and gave brief histories of a number of cases in which it had been successfully employed.

AMENDMENTS.

Dr. Solis-Cohen, of Philadelphia, moved that the chairman of the Committee on Publication receive the same salary as before, viz., $150, which was adopted.

Dr. Solis-Cohen also offered an amendment to the by-laws and constitution, to the effect that the record of each member include the name of the college where he studied, and the date of graduation. Carried.

The following resolution, offered by Dr. J. A. Lippincott, of Pittsburg, was unanimously adopted:

"*Resolved*, That a committee be appointed on 'Contagious Ophthalmology in Public Institutions,' whose duty shall be to communicate with those who exercise supervision or control over orphan asylums, orphan schools, reform schools, and kindred institutions, with a view of ascertaining what means, if any, are exerted to prevent the introduction and spread of the various forms of contagious eye disease among the inmates. The committee shall also devise such means, as shall in their opinion seem best calculated to lessen the evils which flow from these diseases."

There being no further new business the day's session closed.

Later in the afternoon the visiting physicians paid a visit to St. Joseph's Hospital, where a lunch was served; and at 6 P. M. started on a trip over the Neversink Mountain Railway, stopping at the Highland House and Klapperthal, and enjoying a supper, dance, and music.

FOURTH DAY.

The fourth day's session was merely a formal one and occupied but a few hours. The following list of censors was elected:

1*st District.*—Drs. S. P. Bartleson, Delaware; J. W. Walk, Philadelphia; James Fulton, Chester.

2*nd District.*—Drs. J. B. Walter, Bucks; Traill Green, Northampton; W. B. Erdman, Lehigh.

3*rd District.*—Drs. Hiram Corson, Montgomery; W. Murray Weidman, Berks; A. F. Bronson, Schuylkill.

4*th District.*—Drs. J. M. Deaven, Lancaster; H. O. Orris, Perry; H. L. Orth, Dauphin; A. M. Smith, Snyder.

5*th District.*—Drs. S. P. Ziegler, Cumberland; J. W. C. O'Neil, Adams; D. K. Gotwald, York; J. Montgomery, Franklin.

6*th District.*—Drs. A. B. Brumbaugh, Huntingdon; Crawford Irwin, Blair; John Lowman, Cambria; H. M. Lichte, Somerset.

7*th District.*—Drs. J. O. Robertson, Westmoreland; J. S. Hackney, Fayette; William Anderson, Indiana; J. A. Armstrong, Armstrong.

8*th District.*—Drs. James McCaen, Allegheny; Jesse L. Scott, Washington; W. S. Throckmorton, Greene.

9*th District.*—Drs. S. D. Bell, Butler; E. Griswald, Mercer; D. S. Margins, Beaver; J. A. Richey, Venango; J. Cresswell, Clarion.

10*th District.*—Drs. A. A. Woods, Erie; W. V. Hazeltine, Warren; R. B. Brown, Jefferson; A. M. Straight, McKean.

11*th District.*—Drs. D. A. Hogue, Clearfield; G. T. Harris, Centre; P. H. Detweiler, Lycoming.

12*th District.*—Drs. S. C. Newbaker, Montour; E. R. Meyer, Luzerne; J. H. Vastine, Columbia, L. M. Gates Lackawanna.

13*th District.*—Drs. J. W. Lyman, Bradford; S. Birdsall, Susquehanna.

Then followed the inauguration of the President-elect, Dr. Kurtz. After a vote of thanks being tendered the retiring officers, and the disposal of unfinished business, Dr. Kurtz, the President-elect, adjourned the forty-first annual meeting of the State Medical Society, of Pennsylvania, until the second Tuesday in June, 1892, at Harrisburg.

The State Society has at present a membership of 2,172. At this meeting 300 physicians registered.

The committee of arrangements to whom the success of the meeting was so largely due, included Drs. Samuel L. Kurtz, Chair-

man, James Y. Shearer, C. W. Bachman, H. S. Reeser, M. A. Rhoads, Samuel C. Ermentrout, and A. S. Raudenbush, all of Reading, Pa.

SELECTED FORMULÆ.

IRRITABLE BLADDER.

℞

Potassium citrate	ʒ iv.
Fluid ext. triticum repens	
Tinct. of hyoscyamus	aa . . . ʒ j.
Fluid ext. of buchu	ʒ ss.
Water, sufficient to make	ʒ iij.

M. Sig. One teaspoonful in a wineglassful of water, three or four times daily.

—*Med. Summary.*

TREATMENT OF DYSENTERY.

Minorbi, in *L'Union Medicale*, describes a method of treatment which he has followed in twenty-three cases of dysentery. In one case a cure was obtained in a very few days. The treatment consisted in the insertion into the rectum of suppositories made in the following manner:

℞

Naphthalin	ʒ ijss.
Cocoa butter	ʒ ijss.

Where there is ulceration or any other condition which tends to make the use of a suppository painful or dangerous, he has recourse to the following injection:

℞

Naphthalin	grs. lxxv.
Olive oil	ʒ vj.

At the beginning of an attack, when there is a good deal of tenesmus, the injections should be given every half hour, but ordinarily it is sufficient to repeat them three or four times in the twenty-four hours. The advantage of this method is that it does not cause constipation, which opium is apt to produce.

WHOOPING-COUGH.

(Germain Sée in *Jour. de Médecine*):

℞

Powdered belladonna root	gr. 1-5.
Dover's powder	gr. ss.
Sublimed sulphur	gr. iv.
White sugar	gr. x.

M. Sig: Take in one dose from two to ten times a day, according to age of patient and effect produced.

—*Am. Pract.*

"ONE MINUTE LIGHTNING DROPS."

℞

Ol. sinapis	gtt. v.
Chloroform	gtt. x.
Spts. terebinth	gtt. iij.
Spts. vini. rect	ʒ ss.

—*Pharmaceutical Era.*

FOR INTERNAL HÆMORRHOIDS.

℞

Chrysarobin	grs. xv.
Iodoform	grs. v.
Extract of belladonna	grs. viij.
Cocoa butter	ʒ vj.

Of this are made ten suppositories, and one suppository ought to be inserted into the rectum each day. After five or six hours the pain and the tumor diminish. The treatment may continue for several months without harm.

INTESTINAL FLATUS.

Many young children are irritable, and cry because they have intestinal flatus. Instead of using opiates which are the basis of most of the soothing syrups, Prof. Bartholow gives the following as a valuable remedy:

℞

Misturæ assafœtidæ	ʒ j.
Sodii bromid.	gr iij-v.

M. This is a dose for a child from one to four months old.

—*College and Clin. Record.*

PURGATIVE PILLS.

℞

Aloes	15 grains.
Resin of scammony	7 "
Resin of jalap	7 "
Calomel	7 "
Extract of belladonna	3 "
Extract of stramonium	3 "

Make into twenty-five pills and give one to two a day.

COUGH MIXTURE.

The following is said by the *College and Clinical Record* to be Dr. E. G. Janeway's favorite cough mixture:

℞

Syrup. tolu	
Syrup. pruni virginian	
Tinct. Hyoscyami	
Spirit. ætheris comp	
Aquæ	aa ʒ j.

M. Sig.—Dose a teaspoonful.

TREATMENT OF GONORRHŒA BY BICARBONATE OF SODA.

According to the *Journal de Médecine de Paris*, Casselan during the past four years has employed a solution of bicarbonate of soda in the strength of 1:100 in the treatment of gonorrhœa. He has treated thirty-three cases and obtained thirty-three cures in from two to three weeks by the employment of injections of the solution named. He bases his treatment on the belief that the virulence of the disease is in direct proportion to the acidity of the secretions.

DIPHTHERIA.

Andeer recommends the application every hour or two, night and day, of the following:

℞ Resorcin.....gr. xlviij.
Glycerine.....f ʒ i.
M.

A spray of a five per cent. solution of the drug should be used in the room and the following administered internally:

℞ Resorcin.....gr. x.
Syrup terebinth.....f ʒ i.
S.—A teaspoonful every three or four hours.

—*Centralblatt f. d. Gesammte Therapie.*

INHALATION FOR WHOOPING-COUGH.

Beall recommends the following formula:

℞ Thymol.....gr. xx.
Acid carbolic,
Ol. sassafras,
Ol. eucalypti,
Reis liq idæ,
Ol. terebinthinæ, ...aa f ʒi j.
Ætheris,.....f ʒ iv.
Alcoholis,.....q. s., ad. f ʒ iij. M.

S. Put about thirty drops upon a pad of such size as to be conveniently hung around the child's neck, renewing the application every two or three hours.

—*Daniel's Med. Jour.*

SUBACUTE OR CHRONIC DIARRHŒA.

The following is recommended in the *Southern Med. Record:*

℞ Acaciæ pulv.....ʒ iss.
Creasoti (beechwood).....gtt. xxxii.
Aquæ.....ʒ iv.

Fiat emuls. Sig. A teaspoonful in water (for adults) every 4 to 6 hours.

THE TREATMENT OF TYPHOID FEVER.

Smakovsky, during the space of two and a half years has treated 700 cases of typhoid fever in the following manner:

℞ Calomel.....½ grain.
Sugar.....4 grains.

This to be made into ten powders and one powder given each hour until the evacuation from the bowels becomes copious and soft. The patient is also given a gargle, composed of a solution of chlorate of potash, to prevent mercurial stomatitis. If there are evidences of feebleness of the heart, the calomel is stopped and small doses of the infusion of digitalis are administered. After the calomel has produced its antiseptic and alterative influence the diarrhœa, if it has become excessive, may be controlled by the use of the following powders:

℞ Subnitrate of bismuth.....2 grains.
Naphthalin.....½ grain.
Sulphate of quinine.....1 grain.
One of these powders to be given four times a day.

For the cough Smakovsky recommends:

℞ Aqua ammonia.....1 drachm.
Tincture of eucalyptus.....1 ounce.
Essence of peppermint.....10 drops.
Ten drops to be given every two hours.

This prescription is also of advantage in acting as a disinfectant of the mouth. The Russian investigator just named is convinced that the mortality of typhoid fever under such treatment is very much lessened. —*L'Union Médicale.*

SOOTHING SYRUP FOR CHILDREN.

We do not recommend any narcotic soothing syrup, although such are much used; the employment of opiates in these preparations is unsafe, and should be discouraged as far as possible. The following is effectual and perfectly safe:

℞ Treacle.....1 lb.
Distilled water.....1½ pints.
Stronger tincture of ginger.....½ fl oz.
Oil of cloves.....20 min.
Oil of sassafras.....30 "
Oil of caraway.....5 "
Oil of aniseed.....10 "
Rectified spirit.....5 fl ozs.

Dissolve the oils in the spirit, then add the treacle with the water, and mix. Dose, from half to one teaspoonful.

—*Era.*

ACUTE URETHRITIS.

Professor J. William White, of the University of Pennsylvania, recommends the following mixture, in capsules. In about two-thirds of his cases the discharge ceased within a week. In the majority it was necessary also to use an injection, and for this he recommends two to ten grains of sulpho-carbolate of zinc in a ten to fifteen per cent. solution of peroxide of hydrogen:

℞ Salol.....3½ grains.
Oleoresin of cubebs.....5 grains.
Balsam of copabia (Para).....10 grains.
Pepsin.....1 grain.

VOMITING OF PREGNANCY.

Cocain with Acetanilid is recommended in the vomiting of pregnancy, also in acute gastralgia, in this proportion:

℞ Cocain. mur.....gr. iii.
Acetanilid.....ʒ ss.
Aquæ.....ʒ v.
Sig. A teaspoonful hourly.

THE

MEDICAL AND SURGICAL REPORTER.

ISSUED EVERY SATURDAY.

EDWARD T. REICHERT, M. D.,

PROFESSOR OF PHYSIOLOGY, UNIVERSITY OF PENNA.,

EDITOR AND MANAGER.

N. E. Cor. 13th and Walnut Streets,

P. O. Box 843. Philadelphia, Pa.

THE MEDICAL AND SURGICAL REPORTER.

TERMS: Five dollars a year, strictly in advance, unless otherwise specifically agreed upon. Sent 3 months on trial for $1.

At the termination of the period of subscription, we will promptly discontinue sending THE REPORTER unless directed to the contrary by the subscriber.

Remittances should be made by draft, check, postal note, or money order payable to Edward T. Reichert.

THE POCKET RECORD AND VISITING LIST.

Two sizes. Prices to subscribers of THE REPORTER: For 30 patients a week (with or without dates), $1.00. For 60 patients a week (without dates), . . $1.25. Prices to non-subscribers, $1.25 and $1.50 respectively.

THE MODEL LEDGER.

Physicians who keep their own books will find this of great value. Sample pages sent on application. Price, $5.00.

☞ SUGGESTIONS TO SUBSCRIBERS:

See that your address-label gives the date to which your subscription is paid.

In requesting a change of address, give the old address as well as the new one.

If THE REPORTER does not reach you promptly and regularly, notify the publisher *at once*, so that the cause may be discovered and corrected.

☞ SUGGESTIONS TO CONTRIBUTORS AND CORRESPONDENTS.

Write in ink.

Write on one side of paper only.

Write on foolscap or legalcap paper.

Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate or omit words like "the" and "a," or "an."

Make communications as short as possible.

NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be pleased to get medical news, but it is important that brevity and actual interest shall characterise communications intended for publication.

THE TABLE OF CONTENTS.

In response to what we believe is the general wish of our readers, the table of contents is permanently restored to the title page.

LEADING ARTICLE.

The lack of attention given by the pædiatrist as well as the general practitioner to the subject of infantile malaria, is surprising. Both, in meeting intermitting febrile symptoms in very young children and infants, are prone to advance any other diagnosis rather than that of malaria. Recent statistics show that intermittent fevers occur with greater frequency in the early years of life, than at any other period, and that the ages showing the greatest susceptibility to malarial infection are the first and second years.

The chief reason for the failure to recognize intermittent fevers in infants, is owing to their atypical course, which in comparison with the symptomatic picture of intermittent fever in adults, seems an almost totally different disease. It is for this reason that, in all probability, even eminent pædiatrists, failing to recognize the real trouble, have treated the manifestations of infantile malaria as other affections.

In infantile malaria the initial chill is absent, perspiration is seldom observed, and the intermissions between the febrile attacks are usually not clearly defined. In the majority of cases the temperature between the attacks will be ½ to 1½° C. above normal; and in this respect the disease resembles a remittent rather than an intermittent fever.

The infantile organism reacts so strongly to any infectious febrile disease, that it is not long, in cases of malaria, before the digestive and respiratory systems become involved. The child rapidly falls away, the facial color becomes bad, and anæmia is rapidly established. Unless the case occurs in a well-recognized malarial region, the attending physician is almost certain to make a wrong diagnosis. The attending complications will seem to justify a diagnosis of gastric or intestinal catarrh, or even a mild form of typhoid fever, bronchial catarrh

or possibly even phthisis. If the disease occurs during the teething period it is very frequently called "dentition fever." If, in such cases, after having exhausted almost every therapeutic means, the physician tries quinine, he will be greatly surprised at the rapid recovery of his little patient.

Light cases of infantile malaria often recover spontaneously, and for this reason escape notice; indeed, even in the severer forms, a change of air or climate will frequently be productive of excellent results.

In this article, necessary brevity forbids our giving a detailed account of the symptomatology of the various forms of infantile malaria. The subject is one so extensive, and of such interest, as to be a worthy the me for a lengthy monograph. We would, however, state that the greatest stumbling block in the physical diagnosis of these cases has been, the peculiarity and atypical nature of the temperature curves, and the relative condition of spleen and skin. The regular rise of temperature, coupled with restlessness and various nervous symptoms is of great diagnostic value. If such symptoms are present in a child in a district where malaria is known to exist, even although slightly, a diagnosis may safely be advanced. Large doses of quinine—0.5 to 0.8 gramme, *pro die*, according to the age of the child—may be given with impunity, and are productive of excellent results. In such parts of the country in which malaria is unknown, to adults, at least, cases of intermittent fever in children can frequently be shown to be of a malarial nature, apart from their tendency to yield quickly to quinine.

It is not long ago since Laveran and Marchiafavâ-Celli discovered the *hæmoplasmodium malariæ* to be the germ of malaria. Since then, Dr. Carl Hochsinger, of Vienna, who has made the subject of infantile malaria a special study, has been able to trace this plasmodium in the blood of a number of cases of intermittent fevers in children, when otherwise, from the locality, such a diagnosis would seem unwarrantable. Dr. Hochsinger contributes a most interesting article on the subject in the *Wiener Medizinische Presse*, April 26, 1891, in which he states that during the past year he has found these germs in every one of twenty-four cases of infantile intermittent fever, which have come under his observation. The youngest child in which these germs of malaria were found was only three months old.

In searching for the plasmodium in the blood, Dr. Hochsinger makes use of a solution of methylen-blue and eosin. Taking 100 grammes of a strong, but not concentrated, aqueous solution of methylen-blue, he adds to this a few drops of absolute alcohol, and then ½ gramme of soluble eosin. The mixture is then bottled and sterilized by boiling and will keep for an indefinite length of time. A small quantity of this solution is poured into a shallow dish, and the slides, containing a dry preparation of the blood, are allowed to float in the solution for ten to fifteen minutes, then rinsed off and sealed. Under the microscope the red blood corpuscles will be found stained a deep red, the nuclei of the leucocytes a deep, dark blue, and the hæmatozœæ of malaria a delicate sky-blue.

In every case examined by Hochsinger large quantities of these plasmodia were found, varying in number, form and kind, with the intensity of the disease. In all cases and all stages of the disease, Laveran's so-called *corps segmentés* were observed. These were seen as large groups of closely packed corpuscles of protoplasm of a delicate blue color, and about as large as ⅓ to ½ of a red blood corpuscle. In three cases the flagelats form were found, and in one case of severe cachexic malaria, terminating fatally, well defined crescent forms were also visible. The segmented variety were present in every case, and in especially large numbers in the youngest subjects.

Examination of the blood is, therefore, of the highest importance in cases where the possibility of malarial infection in infants and young children is suspected, and also in those cases of intermittent fever in children, of an uncertain origin. The diagnostic value of such an examination is especially great, as

these plasmodia are only found in cases of malarial infection.

With the extreme susceptibility and predisposition of the infantile organism to malarial poisoning on the one hand, and the comparatively easy, and at once positive diagnostic method on the other, the practitioner should not rest content with an uncertain diagnosis in any case of infantile fever of obscure origin, without having first precluded the possibility of a malarial infection by the above simple yet unerring test.

CORRESPONDENCE.

ED. MEDICAL AND SURGICAL REPORTER.

Dear Sir:—I would like to place on record a brief note of two cases, which I have recently done, both of which are cases of abdominal tumors complicating pregnancy. I will in time make full reports of both.

On April 1st, I removed a large intraligamentous ovarion cyst from a lady from Butler Co., Pa., who was pregnant 3½ months. She has gone home, pregnancy not disturbed.

On May 23, I removed from a lady, resident of East Liverpool, O., a fibrocystic tumor, growing from the fundus of the uterus, weighing 22 pounds, with the uterus pregnant 5 months. The child was living, but died. She is in her sixth day, pulse and temperature normal. The first Porro operation in the State, outside of Philadelphia, so far as I know.

Very truly yours,

R. STANSBURY SUTTON.

419 Penn Ave., Pittsburgh.

BOOK REVIEWS.

A GUIDE TO THE CLINICAL EXAMINATION OF THE URINE. By FARRINGTON H. WHIPPLE, A. B. (Harv.) Boston, Damrell and Upham, 1891; pp. 206.

Had there been an urgent demand for any condensation of the already existing works upon urinary examination, possibly Mr. Whipple would have had an excuse for rushing into print with this volume. As it is, however, there is no reason for its existence, even were it a first-rate compilation. Moreover, the book is exceedingly insufficient, both in clearness and accuracy, and in the presentation of the more recent additions to our knowledge of urinary matters.

There can scarcely be a necessity for a systematic consideration of the entire work after such an introduction; and, in fact, sufficient illustrations may be cited from random pages to prove the above assertion. For example, in the consideration of the subject of albumen in the urine, the only tests mentioned are those by heat and acetic acid, and by nitric acid; there are no quantitative tests, not even the popular Esbach's tube. None of the newer albumen reagents are considered: picric acid, the ferrocyanide test, trichloracetic acid, Tanret's or Millard's. In the estimation of sugar the same fault may be cited—there are none of the newer tests, and those as a rule are badly put. For example, the following covers the subject of the fermentation test for sugar (excluding reference to the differential density method): "*Fermentation Test.*—By fermentation, sugar is broken up into alcohol and CO_2; therefore it is only necessary to cause fermentation in the urine, which can be done by the addition of a little yeast-cake. The CO_2 as it forms is passed through baryta water." As a guide for those who need directions, such guidance must be regarded as exceedingly meagre.

In the study of hæmaturia, the urinary symptom is used as an excuse for leading the author into an entirely irrelevant biological study of the blood with a consideration of the differences between the blood of the different animals. The author's test for iodide of potassium in the urine, which substance he recognizes by a brown ring between the layers of nitric acid and urine in the ordinary application of Heller's test for albumen, would be greatly improved, if, after freeing the iodine by any of the stronger mineral acids, some characteristic color reaction were added, as seen, for instance, in the solution of the iodine by chloroform.

The author states that when H_2S exists in the urine in conditions unassociated with disease of the urinary system it is to be regarded as a favorable symptom. Hydrothionuria is, however, a condition which is rarely recognized in the freshly passed urine, except as a phenomenon of bacterial invasion of the urinary system, or of some connection between the intestinal canal and the urinary apparatus, and in either case is exceedingly unfavorable; beyond this, as a demonstrably free substance in the urine, H_2S practically does not exist.

In the optical appearance of calcic oxalate crystals Mr. Whipple entirely forgets the very characteristic refractive property of these bodies; hence in his separation from similarly shaped crystals of phosphate he must have recourse to chemical tests. On the subject of casts he states that only in a few isolated cases have these been detected in non-albminous urine; in our experience in cases of interstitial nephritis it is quite a common occurrence to meet specimens of urine presenting typical casts, in which with the tests mentioned by Mr. Whipple, absolutely no traces of albumen can be discovered. His simile that a waxy cast "bears somewhat the same relation to a hyaline cast that a fat drop does to an abnormal blood disk" seems exceedingly indefinite and nondescriptive. He states that "pus casts may occur in the course of acute inflammatory conditions. In pyelitis and pyelonephritis the pus corpuscles are frequently agglomerated in masses which are suggestive of casts and may come from the straight tubules. They are usually of considerable size—much larger than the renal casts."

The view announced by Mr. Whipple that active hyperæmia of the kidney is identical with parenchymatous degeneration ("cloudy swelling," large white kidney) may account for his failure to notice pus casts in cases of Bright's disease that are not to be regarded as distinctly acute processes. Both these views are, however, contrary to the truth. Pus casts, casts to which pus corpuscles are intimately attached, in urines showing few free pus corpuscles, may be taken as an indication of tubular inflammation; and the pus cells possess the same significance so far as the nature of the process is concerned as do renal tubular epithelial cells. Such casts may be found in varying amounts in almost every case of catarrhal nephritis from the first to the last stage.

Such instances may serve to point out the general character of Mr. Whipple's book; almost every page is, however, open to some objection when he does not adhere strictly to the teachings of the older works upon which his book is based. The present edition cannot possibly be regarded as a success from a scientific point.

HISTORICAL SKETCH OF THE UNIVERSITY OF MARYLAND. By Eugene T. Cordell, M. D., of the class of 1868, Baltimore. Press of Isaac Friedenwald, 1891.

This octavo volume, of some two-hundred and fifty pages, contain a history of the school of medicine from the year 1807 to 1890, inclusive, together with an introductory chapter, in which are recorded events preceding the founding of the college of medicine of Maryland in 1807;—also notices of the schools of Law Arts and Sciences, and Theology, and the department of Dentistry, and a general catalogue of medical alumni. There are likewise included some twenty illustrations and portraits and about seventy memoirs.

Special emphasis is laid upon the necessity of endowing the university, especially the medical department, and the author does well when he states that in order to make the rank of medical schools in this country, of the highest standard and their graduates worthy of the title "Doctor of Medicine," it is essential that the schools be fully endowed; for the scientific requirements of modern medicine demand a large outlay which cannot always be met by the mere fees of students, fluctuating and hence uncertain as they necessarily are, and without which support, most of the medical colleges as now conducted, would cease to exist.

The book is more than a *sketch*, as the author modestly titles his work,—it is a complete record of the medical school of the Maryland University, and therefore will receive undoubtedly a cordial welcome at the hands of the many alumni of the institution.

THE DISEASES OF PERSONALITY. By Th. Ribot, Professor of Comparative and Experimental Psychology at the College of France, and Editor of the "Revue Philosophique." Authorized American Translation, Chicago. The Open Court Publishing Company, 1891.

For the student of Psychology, this small volume contains much of interest. The contents are embraced in an introductory and five chapters. The titles of the latter are: 1. Organic Disorders. 2. Emotional Disorders. 3. Disorders of the Intellect. 4. Dissolution of personality; and finally the Summary.

The author is a well-known writer on Psychological subjects, as well as editor of a periodical devoted entirely to this study, which account for the masterly manner in which the difficult subject of the present volume is handled.

FOR SOFTENING EAR-WAX.

La Clinique recommends the following:

℞

Acid. Boric.....grv.
Glycerini.....
Aquæ.....aa ad ℥j

M. Ft. sol.
Sig: Warm the solution and put 5 to 10 drops in the ear twice a day.

PERISCOPE.

THERAPEUTICS.

THE EMPLOYMENT OF GUAIAC AS A PURGE.

Murell (*Rev. Therap. Med. Chirurg.*, Paris, Jan. 15, 1891) attributes to guaiac laxative and purgative properties, believing it to be a stimulant to the liver and intestines. He has employed it with satisfactory results in several cases of biliousness and constipation. The drug was administered as a purge, in combination with honey, in doses of 60 centigrammes. This quantity was generally sufficient to produce a purgative effect. He reports a case in which the remedy produced a well-marked eruption of the arms and legs, accompanied with intense itching, but these symptoms disappeared on the suspension of the drug.

In order to avoid the disagreeable griping sensations which the medicant sometimes produces, Murell recommends a combination of the drug and extract of malt. The author believes, also, that if this preparation is triturated with cream of tartar, sugar of milk, or other inert substance, its efficacy may be observed when administered in small doses.

RADLAUER'S ANTISEPSINE.

According to the *Inter. Nat. Pharm. Gen. Ans.*, Jan. 30, 1891, this substance is a combination of iodate of zinc, zinc, and thymolic borax, brought about by treating these agents with antiseptic measures. Antisepsine produces the same antiseptic effects as iodol, thymol, boric acid, and the salts of zinc; it entirely supplements iodoform, carbolic acid and corrosive sublimate. Its advantages are as follows: 1. While it is a powerful antiseptic it does not possess toxic properties, nor are its marked effects ever of a poisonous nature. 2. It is free from bad odor, and it exercises no local irritant action. 3. It is easily soluble in absolutely clear water It is a whitish powder, its price being reasonable, more so than that of iodoform, iodol or aristol.

THE TREATMENT OF LUPUS.

H. Leboir (*Journal des Maladies Cutanées et Syphilitiques*, Jan., 1891) divides the treatment of lupus into *two* great classes: The local and the internal treatment. The first he again divides into the surgical, the medical and the mixed treatments. This last one is preferred by the author in the majority of cases.

In the surgical treatment five methods are employed, as follows: ablation, scraping, scarifications, cauterizations, and electrolysis. In the application of all these methods, local and general anæsthetics are used. With regard to the employment of germicidal and caustic agents, the latter are preferred. In general, the local medication is not regarded favorably by the author; on the contrary, the mixed treatment, chiefly made up of cauterizations and the local applications of iodoformed ether should be the base for the general treatment of lupus.

The general treatment should be looked upon as an adjuvant to the local one. That treatment may be reconstructive and specific, in the first case, cod liver oil, arsenical preparations, sulphur, and other alteratives may be administered, and in the second, iodoform, iodol, and creosote may be employed together with subcutaneous injections of iodoform. In regard to the Koch remedy, the author has formed no definite opinion, but as that agent appears to possess an elective action towards lupus, it may be employed for the present, as an element of diagnostic value.

ACTION OF ANTIPYRETICS.

The action of antipyretics may be supposed to be due to the limitation of the oxidation processes and consequent lowering of heat development, or to an increase in the heat radiation from the surface of the body. Moreover, they may have a purely local action,—*i.e.*, on the cellular tissue,—or they may influence the nerve-centres, regulating the development or radiation of heat. Messrs. Sawodowsky and Podanowsky consider that they have proved that the lowering of temperature produced by antipyrine and antifebrine is attributable exclusively to their influence upon the brain-centres regulating the temperature, which are believed to exist in the corpus striatum (*Apot. Zeit.*, February 11, p. 87). The authors cut the brain of an animal through close behind the corpus striatum and thalamus opticus, so as to isolate the organism from the heat-centres, while the connection with the respiration and vasomotor centres was retained. Although the animal so treated lived for some time, and the arterial blood-pressure and breathing remained unaltered, the body temperature fell continuously. Even injections of the most powerful pyretics, such as putrescent matter, caused not the slightest rise of temperature,

although all the other symptoms of putrescent infection were present. Equally powerless were antipyrine and antifebrine to hinder in the slightest degree the fall of temperature. The skin temperature also remained entirely unchanged, although in the case of normal animals this rises considerably after the injection of antipyretics. An apparent exception was noticed in the case of quinine hydro-bromide, but this was attributed to the known action of bromine. The conclusion drawn by the authors is that the action of quinine salts—resorcin and thallin—in lowering the temperature is dependent upon their specific influence upon the temperature regulating centres situated in the anterior part of the base of the brain.—*Pharmaceutical Journal and Transactions*, February 28, 1891.

JAMBUL IN THE TREATMENT OF DIABETES.

Among the newer drugs which have been suggested for the treatment of diabetes mellitus, the seeds of Eugenia jambolana, Lamarck, a tree of the family myrtaceæ, growing in Java, the Molucca and Phillipine Islands, and in parts of India, have been most favorably commended by several English and American writers, most notably by Scott (*British and Colonial Druggist*, 1887). The chief advantage of the drug, as expressed by these observers, was the possibility of controlling the excretion of sugar, without the necessity of restricting the diet. A careful study of the subject has recently been undertaken by Villy (*Bulletin général de Thérapeutique*, Jan. 30, 1891), whose observations throw considerable light upon the chemistry and clinical action of this drug. Although as large a dose as an ounce to an ounce and a half of the seeds has been given to the adult in twenty-four hours, no case of poisoning has been recorded; and the author finds that a rabbit may be given its own weight of the drug within twenty-four hours without disturbance of its nutrition.

Contrary to the observations of Scott, it was demonstrated that jambul favors and hastens saccharine fermentation at a temperature of 70°. The same result was noted in experiments made at the normal temperature of the human body, but the process was somewhat more slow. Judged, therefore, simply by the result of experiments outside of the body, the drug would appear to be ill-suited to the indications of the disease.

His clinical observations are interesting, and seem to show that the applicability of this drug is quite limited. As long as the ordinary diet is permitted, the use of jambul is dangerous, as favoring the persistence of polyuria and increasing the excretion of sugar and urea. In cases of moderate degree, with or without azoturia, in stout and gouty patients, jambul seems to be of value, provided that at the same time an exclusive diet is maintained. In this respect the drug does not differ from other therapeutic agents employed in this disease. Most frequently sugar disappears rapidly from the urine, but reappears almost as soon as the medication is suspended.

In grave cases, where regulation of the diet appears to be without effect, jambul, like other remedies, is of no value. The powdered seed is well borne by the stomach to the amount of 150 to 320 grains, in divided doses, in the twenty-four hours.—*Univ. Med. Mag.*

TREATMENT OF TUBERCULOUS BRONCHITIS BY HYPODERMIC INJECTIONS OF IODOFORM.

Influenced by the action of iodoform on pus globules, Dr. Gavoy announces in the *Gazette Médicale de Paris* for February 28, 1891, that in 1887 he was led to test this remedy in pill form in tubercular bronchitis, but the gastric distress and nausea caused by the administration of the remedy compelled him to substitute enemata for the internal administration in the pill form, and he has now, for various reasons, substituted for these methods the hypodermic method. He states that at the outset he employs, morning and evening, a hypodermic injection of a quarter of a syringeful of a solution of 1 part of iodoform in 100 parts of oil of sweet almonds. In very few cases, he states, is any febrile reaction produced, and the results obtained in the majority of cases are excellent. He maintains that in his use of this remedy the cough rapidly diminishes; muco-purulent expectoration, so characteristic of this specific catarrh, becomes more fluid, and finally ceases almost entirely; alteration in the character and hoarseness of the voice disappear; the lungs become more permeable to air; inspiration becomes deeper; the vesicular murmur acquires another character, and subcrepitant moist râles disappear, nocturnal sweats cease, the appetite returns, and the patient's general health improves. In fact, he states, that progressive improvement in the majority of cases indicates in the most positive manner arrest of this broncho-pulmonary catarrh of phthisis.

He states that the examination of the sputum for bacilli is not an indispensable criterion for this therapeutic process, for the presence of the bacilli can only be exceptionally located at the onset of tubercular bronchitis, and, although the bacilli may exist in small closed cavities in the lungs, they only appear in the sputum when the ulceration has communicated with the bronchi. Further, iodoform is said to have the power of liquefying the more or less solid obstruction in the alveoli. He suggests that the therapeutic action of iodoform on caries of bone and on pus globules permits of the supposition that it may exert an analogous action on yellow tubercle and during the stage of softening, a condition which might be described as a caries of the lung. Although iodoform is an active antiseptic agent, it does not appear to have any direct action on the bacilli of tuberculosis other than in modifying the character of the tissues in such a manner as to delay or prevent the reproduction of the bacilli, and in aiding the elimination of the results of tissue breaking down, and favoring the cicatrization of ulcers seated in the alveoli. He recommends in the warmest terms further tests with this remedy in this connection.—*Therap. Gaz.*

ON THE UTILIZATION OF THE FOOD IN CASES OF GASTRIC DISEASES.

Dr. C. Noorden (*Ztschr. f. Kl. Med., Bd.* xvii.) has made some experiments to determine what becomes of the food in functional gastric disorders after it has left the stomach. He selected seven patients in whom the production of hydrochloric acid had been reduced to a minimum, and in whom the food was so rapidly carried into the intestine that even if lactic acid fermentation had occurred, it could not have attained a degree sufficient to peptonize albumen in the stomach. Propepsin was formed in all of the cases in abundant quantities. These experiments demonstrate that even in cases where no pepsine or hydrochloric acid is secreted the intestine is capable of completely fulfilling the office of the stomach. The reduction of the bodily weight observed in cases of chronic gastric disease is attributed by the author to an insufficient supply of food, since the two other factors which might be held responsible for it, viz.: the formation of toxines, and the excessive decomposition of the albuminous substances in the intestines, owing to fermentation resulting from the diminished disinfectant power of the abnormal gastric juice, can be excluded. The hydrochloric acid secreted in the stomach does not exert any disinfectant properties beyond the boundaries of that organ, and has no part in intestinal disinfection. The theory of motor insufficiency of the stomach in gastric catarrhs is controverted by the author, on the ground that this condition rapidly disappears as soon as fermentation in the stomach is arrested. The delay in stomach evacuation is attributable to the action of organic acids in producing spasms at the pylorus. Noorden recommends in the therapy of chronic gastritis the administration of a regulated quantity of albumen, fats and carbohydrates, sufficient being given only to maintain the general nutrition, and states that by the avoidance of all superfluous nutriments we will favorably influence the local affection. The lack of appetite should be overcome by the patient's own will power. Stimulant stomachics, especially orexin, should not be given, on account of their harmful effects. Rest in bed is indicated, for the reason that less food will be consumed and the stomach less taxed. The food which is best adapted to supply the body with fats and carbohydrates is milk, especially if fortified by the addition of butter and lactose.—*St. Petersburger Medic. Wochenschr.* No. 1, 1891.

CHLORALAMID.

Dr. W. G. Killebrew, in the *Memphis Medical Monthly*, states that he has used chloralamid in hysteria, acute mania, monomania, typhoid fever, also in surgical operations, and when unattended with much pain, with as good results as could be hoped for in all cases. He has used it in cases of insomnia and neurasthenia, and found that it produced all the sleep necessary, patients feeling much refreshed the following morning, with no after effects that he could discern. He noticed only two instances of delayed action, and in these two cases the hypnotic effect was continued into the next day, a result so frequently noticeable in the administration of sulfonal. His deductions were these: That in any case, almost without exception, unattended with pain, it would produce sleep. That its analgesic power, though slight, would meet a good per cent. of cases attended with pain.

Compared with chloral:

1. It is more agreeable to the taste and consequently more easily administered.
2. Rarely causes digestive disorders.
3. Does not depress heart or circulation

4. Seldom produces cerebral disturbances.

As compared with sulfonal :

1. Much more prompt in its action.

2. Being more soluble it can be administered more easily.

3. Sleep nearly always passes away by morning.

4. It is only about one-half as expensive.

DIPHTHERIA, WITH SPECIAL REFERENCE TO ITS TREATMENT WITH HYDROGEN PEROXIDE.

Whether the false membrane in the throat be the primary source of infection or the local manifestation of a constitutional disease, says Dr. Dickey, all agree that it is an element of great danger, and has to be removed as quickly and as thoroughly as possible, and at the same time doing as little violence to the surrounding healthy tissue necessary. The poison invades very quickly any denuded or abraded surface, consequently much care should be exercised in whatever remedies we may use.

Peroxide of hydrogen is a colorless, tasteless liquid, and when applied to a diseased membrane, causes little or no pain, and Dr. D. knows of nothing in the whole materia medica that will dissolve the diphtheritic membrane so quickly and thoroughly, and yet leave the healthy mucous membrane intact.

Dilute it twenty-five per cent. (although it can be used full strength), and apply with an atomizer. This can be repeated until effervescence ceases, when the membrane will be found to have practically disappeared, leaving a whitish surface. If the nose is invaded, it can be applied there with equal satisfaction. Absorb all the watery secretions from the nostrils with blotting-paper or absorbent cotton, and then apply the peroxide. After using the peroxide, use a solution of chloral hydrate, glycerine, and water, either as a gargle or with an atomizer.

At the same time, bichloride of mercury, tincture of the chloride of iron, with or without chlorate of potassium, or such other remedies as may suit the judgment of the individual prescriber, or be applicable to the case in hand, may be used. The writer prefers the bichloride.

Coupled with this should be given good digestible food at regular intervals, of which milk should form the basis, and such stimulants, from time to time, as the individual case may demand. The constitutional treatment is not less important than the local, and consequently must be attended to from the outset. When the temperature exceeds 103 5°, sponge the entire body with tepid water as often as may be necessary to bring it below this point. Pellets of ice internally will allay thirst and relieve very materially the turgid condition of the blood-vessels, and should not be omitted. Ice may also be applied to the throat in a rubber bag or a bladder, relieving greatly the inflamed glands.—*Ann. Gyn. Pæd.*

MEDICINE.

ALBUMINURIA CAUSED BY ANTIPYRINE.

Dr. E. L. Thompson, in the *Virginia Med. Monthly*, calls attention to a case of albuminuria caused by antipyrine.

A gentleman from New York came to Dr. Wm. A. Hammond's Sanitorium for Diseases of the Nervous System with locomotor ataxia. His urine was so heavily loaded with albumen that it almost solidified on boiling. There was so much œdema of the lower extremities that he could hardly put on his shoes; and there was also considerable puffiness under the lower eye-lids. Dr. Thompson found that he had been taking for some time, nearly every night, large doses of antipyrine—often as much as sixty grains a night. This would always stop the ataxic pains. Dr. Thompson examined his urine twice a day, and found much albumen in the morning, and very little or none in the evening discharge. It was then, on questioning, he found out about the antipyrine. It was suspected that the antipyrine caused it, on account of there being no albumen in the evening. The antipyrine was stopped, and since then, the albumen has disappeared, and the œdema is much less.

TREATMENT OF PHTHISIS BY ARTIFICIAL ATMOSPHERES UNDER PRESSURE.

A paper by M. Germain Sée on the subject of the treatment of phthisis by continued inhalation of medicated air under pressure, appears in the *Bulletin de l' Académie de Médicine*, No. 15, 1891. The drugs used were creosote and eucalyptol, their origin and action being fully referred to in the paper. The patients were placed in a closed chamber into which air was forced to an increased pressure of about half an atmosphere, after passing through a solution of the drugs. The pressure was increased gradually, and the sittings were prolonged to two, three, or more hours according to the patient's feelings. They took place every day, and the effect upon the general health was beneficial

rather than the reverse, whilst a very marked improvement was noted in the symptoms of the disease. Cases of phthisis in early as well as advanced stages were treated with satisfactory results. In two cases of fœtid bronchorrhœa of two years' duration, a complete recovery was brought about in the course of five weeks. M. Germain Sée claims for this method of prolonged inhalation under pressure that the actual absorption of the antiseptic drug is more complete, and approaches more nearly to the point at which it is assumed that morbific organisms may be annihilated. It is harmless in itself, and gives rise to no unpleasant consequences such as may follow the continued introduction of creosote subcutaneously or by the stomach. Inhalation of creosote vapor at ordinary atmospheric pressure has long since been proved to be insufficient for the purpose of checking the progress of tubercle. Improvement of appetite, gain of weight, diminution of cough and expectoration, and subsidence of fever would appear to be the most striking of the changes brought about by the treatment.—*Brit. Med. Jour.*

ANGINA PECTORIS: ITS NATURE AND TREATMENT.

Dr. R. Douglas Powell, in *The Practitioner*, argues that angina pectoris is a disturbed innervation of the heart or vessels, associated with more or less intense cardiac distress and pain, and a general prostration of the forces, always producing anxiety, and often amounting to a sense of impending death, and concludes that:

1. In its purer forms we observe disturbed innervation of the systemic or pulmonary vessels causing their spasmodic contraction, and consequently a sudden extra demand upon the propelling power of the heart, violent palpitation or more or less cramp and paralysis ensuing according to the reserve power and integrity of that organ—*angina pectoris vasomotoria.*

2. In other cases we have essentially the same mechanism but with the extra demand made upon a diseased heart—*angina pectoris gravior.*

3. The trouble may commence at the heart through irritation or excitation of the cardiac nerves, or from sudden accession of anæmia of cardiac muscle from coronary disease—*primary cardiac angina.*

4. In certain conditions of blood or under certain reflex excitations of the inhibitory nerves, always, however, with a degenerate feeble heart in the background, we may observe intermittence in its action prolonged to syncope—*syncopal angina.*

"TRAUMATIC NEUROSES."

"This is a convenient term, but, like other terms which are convenient, it is apt to include far too much. In this country the most important traumatic neurosis which is met with is no doubt the so-called, 'railway spine,' and it may be that cases placed in this category are as varied as those which Hoffman (*Berlin. klin. Woch.*, No. 29) found among a series of twenty-four cases of 'traumatic neurosis.' Of those twenty-four, ten were found to have undoubted signs of organic mischief; in six the symptoms were partly the result of exaggeration and partly of simulation; in eight there was malingering, proved to be so after careful observation for several weeks. The author protests against the use of the term for such varied conditions, pointing out that in a so-called traumatic neurosis we may have to deal with organic nerve injury, with hysteria, the result of injury, with shock to the cerebro-spinal system, with neurasthenia, or even with a true psychosis."—*Lancet.*

THE DIAGNOSIS OF MOTOR INSUFFICIENCY OF THE STOMACH.

Leo Silberstein (*Deutsche medicinische Wochenschrift*, February 26th) has recently made a series of experiments in Senator's clinic to determine the value of the salol test in estimating the motor activity of the stomach. The test is based upon the fact that salol when given by the mouth, is not absorbed in the stomach, but passes on unchanged to the bowel. There meeting an alkaline fluid, it is split up into phenol and salicylic acid, which latter is absorbed and afterward secreted in the urine. Its presence in the urine is detected by its violet reaction with chloride of iron.

Ewald's method was to give 15 grains of salol after the principal meal. Then in thirty minutes the urine was tested for traces of salicylic acid. He found that in healthy individuals the reaction always appeared in an hour at the latest. Any delay beyond this time indicated a slow passing of the salol into the bowel, or, in other words, a motor paresis of the stomach. Brunner, however, showed that Ewald's method was unreliable. His investigations proved that there was no fixed physiological time for the first appearance of the salicylic acid in the urine In the same individual under like conditions the interval may vary greatly

from time to time. These statements of Brunner were confirmed by Huber, who at the same time observed that in some persons the urine continued to show the presence of salicylic acid for a remarkably long time after the ingestion of the salol. This led him to think that perhaps the time of *disappearance* of the reaction might be more important than that of its *first appearance* in the urine. And, in fact, some experiments based upon this idea enabled Huber to state that an abnormally long duration of the salicylic-acid reaction pointed to a disturbance of the motor activity of the stomach. This theory, in turn, has been attacked by Decker and Pal, who believe that atonic and catarrhal conditions of the bowel may cause the prolonged reaction, though the stomach may be normal in all respects. Silberstein therefore proposed to repeat Huber's experiments, but on a much larger scale, and with special reference to the points raised by Decker and Pal. He made his first test of the urine twenty-four hours after the salol had been taken, and repeated it at intervals of six hours until he was satisfied that the drug had been entirely excreted. He insists upon the necessity of this procedure, stating that in some cases of marked motor disturbance of the stomach there was no reaction at the end of twenty-four hours, and yet after thirty or more hours had elapsed the reaction appeared. He made upward of 148 different experiments upon 76 individuals, and the following are his conclusions:

1. In healthy persons salol is entirely eliminated from the body within twenty-four hours.

2. In gastrectasia the elimination of the salol is always delayed, the reaction being invariably found after thirty-six hours. This is not the case when the stomach is simply displaced, hence this test serves to distinguish the dilated from the displaced organ, conditions which are easily confounded with each other.

3. In atonic conditions of the stomach there is also usually a delay in the elimination of the salol, but not to the extent noted in gastrectasia. It is the exception to find the reaction after thirty-six hours in cases of atony, whereas it is the rule in dilatation of the stomach. Here, again, this method is of diagnostic importance.

4. The condition of the bowels does not impair in any way the value of the salol test as modified by Huber.

Silberstein admits that Leube's method of examining the gastric contents two hours after a test breakfast is without doubt our best means of judging of the motor activity of the stomach. There are cases, however, in which, for one reason or another, it is impracticable to introduce a tube into the stomach, and in these the salol test may be relied upon as entirely trustworthy.—*N. Y. Med. Jour.*

THE DIAGNOSTIC SIGNIFICANCE OF VENOUS HUM IN THE NECK; A STUDY IN STATISTICS.

Dr. Bewley said he had been induced to collect statistics bearing on this subject by reading a paper by Dr. R. Apetz, "On the Significance of Venous Humming Murmurs for the Diagnosis of Anæmic Conditions," in *Virchow's Archiv.*, vol. 107. He called attention to the differences of opinion held on this subject—some writers attributing considerable diagnostic importance to the presence of a murmur; others believing the phenomenon to be one of no importance. Dr. Bewley then related the details of his investigation. He examined only healthy individuals; he only examined individuals between the ages of 16 and 26, because age has a very important influence on the production of these murmurs. All the cases were examined in an upright position, either sitting or standing. He divided his cases into three classes:—1. Anæmic. 2. Slightly or doubtfully anæmic, *i. e.*, cases which presented no appearance of anæmia, but yet suffered from some of the symptoms of this condition, or *vice versa*. 3. Not anæmic. He examined in all 51 young men and 149 young women. Of these 22 belonged to the anæmic class, 31 to the slightly anæmic, and 147 to the not-anæmic. In 22 anæmic there were 19 murmurs, equal 86·4 per cent. In 31 slightly anæmic there were 27 murmurs, equal 87·1 per cent. In 147 not-anæmic there were 85 murmurs, equal 57·9 per cent. Dividing up the not-anæmics into male and female—in 104 females there were 64 murmurs, equal 61·5 per cent. In 43 males there were 21 murmurs, equal 48·8 per cent. The conclusions Dr. Bewley drew from these statistics were the following:—1. Murmurs are more common in the anæmic than in the not-anæmic. 2. More than half of those young persons who are not-anæmic have a venous hum in the neck. 3. The presence of a hum is not of any diagnostic importance in any individual case. The loudness of murmurs is not a matter of much diagnostic importance. In his cases Dr. Bewley noticed 15 very

loud murmurs, distributed as follows:—In 22 anæmic, 3 loud murmurs, equal 13·6 per cent. In 31 slightly anæmic, 5 loud murmurs, equal 16·1 per cent. In 147 not anæmic, 7 loud murmurs, equal 4·8 per cent. He had noted some of the loudest murmurs in particularly rosy and full-blooded persons, and therefore did not attribute any diagnostic value to even the loudest murmur. He added that Dr. Apetz's conclusions based on very elaborate statistics, were almost identical with his own.—*Med. Press.*

ÆTIOLOGY OF BRIGHT'S DISEASE.

Dr. Agnes Bluhm has studied the apparent causation of all the cases of morbus Brightii and albuminuria that were treated in the Cantonal Hospital of Zürich, from the beginning of 1884 to July 1, 1889. The cases numbered in all 8,442, and after a careful analysis lead to the following conclusions: 1. The chief causes of acute Bright's disease are the acute specific fevers, and nearly all of these are liable to be complicated by nephritis. 2. The apparently uncommon occurrence of chronic Bright's disease as a sequel of acute infective diseases is due partly to non-pathological causes, but also in some measure to the latent and therefore undetected course of chronic nephritis. 3. The occurrence of nephritis as a complication does not depend on the intensity of the primary specific disease. 4. The course of the primary affection and that of the nephritis complicating it are not mutually related.—*Deutsches Archiv für klin. Medicin*, January 8, 1891.

A FORM OF GINGIVITIS COMMON TO MEN AND DOGS IN INDIA.

Surgeon J. R. Roberts, of the Indian Medical Service, describes gingivitis which is often mistaken for a symptom of scurvy, but which has distinct characteristics of its own, and is entirely a local disease. It is characterized by a bright red velvety condition of the gums; its almost invariable limitation to the front of the mouth; the ulceration that surrounds the bases of the teeth, generally the incisors, which process in advanced cases continues to extend, destroying the alveolus and exposing the fangs, until the teeth remain but loosely attached or drop out; the tendency to hæmorrhage on pressure or the slightest injury; the occurrence of an exactly similar process in dogs, remarkably limited in them to incisors and canines, whereby their small front teeth are frequently lost; the acid reaction of the mouth and the fetid odor given off.

Microscopic examinations of scraping show a large number of different micro-organisms. The disease is not limited to natives, but is common enough among British soldiers. Its worst effects are seen in a hot moist climate. The disease is essentially a slow chronic process. The treatment indicated is a light scraping of the ulcerations, touching them with strong carbolic acid or other antiseptic, and an alkaline mouth-wash.—*Boston Med. Surg. Jour.*

SURGERY.

TEMPORARY RESECTION OF THE CRANIUM.

Wagner (*Centralblatt f. Chirurg.*, 1891, No. 2) describes two cases in which he has used his method of "temporary resection of the cranium," first described in No. 47 of the above for 1889. Both cases, given somewhat in detail, demonstrate that the operation is very easy to do, and that the resected piece reunites both quickly and without reaction. In both instances the part resected was about one-fifth of the entire cranial vault, which leads the author to believe that a still greater amount will heal in the same way, and he would not fear to resect two-fifths or more if necessary. Naturally the isthmus of the flap must be correspondingly broader. Just as we have trephined, sometimes, the skull in different places, so we can make this temporary resection in one or more places. First, corresponding to the piece of bone to be removed, a curved incision is made whose ends converge toward each other. This flap must overlap the bone to be raised one-fifth to two-fifths of an inch. The soft parts retract, and the incision gapes in a sickle-shaped way, with the point toward the base of the flap. The flap is now firmly pressed upon the cranial surface, and the pericranium smoothly cut through along its border. With a small, fine chisel a little trough is made in the bone along the line of the incision. For the further steps of the operation, a moderately thick but small chisel, abruptly beveled on one side, is used. This is applied in an oblique manner. One can work his way through the cranium most quickly with this. When all the bone is chiseled through, a small, thin chisel is used to cut through that part of the bone covered by the isthmus of the flap. The skin and bone are now raised together with the aid of a small elevator. The replacing later on is very easy to effect.

When the chisel is applied obliquely, the inner circumference is naturally less than the outer. The soft parts are then sewed together with fine sutures, and one of the under angles of the wound left open. The suture line does not correspond with the bony defect, but is somewhat removed from it, the soft parts overlapping this, in accordance with the plan of the incision above mentioned. In this way an adherent scar between bone and skin is avoided.

Regarding the indications for "temporary resection," or "osteoplastic trepanation," the author regards it, in general, indicated wherever in the uninjured bone the cranial vault is to be opened, not only in cases where we expect with certainty or probability to find removable alterations, but where we only suspect them; for instance, many cases of epilepsy of doubtful traumatic origin. This form of exploratory opening of the cranium the author regards fully as justifiable and no more dangerous than exploratory laparatomy.—*Buffalo Med. and Surg. Journal.*

THE TREATMENT OF WHITE SWELLINGS.

Under this title, Lucas-Champonnière has written (*Journal de Médecine et de Chirurgie*, Nov. 25, 1890) a very interesting paper, giving his views, based on a wide experience, as to the treatment of this variety of tubercular disease. He considers that the methods of treatment have been much modified by modern improvements, both as to therapeutic and operative measures. Topical treatment he regards as particularly happy in children, upon the development of whose bones operative interference exercises a disastrous influence. Immobilization he has found not to possess the beneficial influence generally attributed to it, and he thinks that while there are a certain number of cases in which it ought to be employed, it is, as a rule, abused. Its principal object should be to prevent deformity.

Care of the general health plays a principal part in the treatment, and the value of country or sea air must not be overlooked. As to the medicines to be relied upon, the iodide of potassium is mentioned as *the* one *par excellence*, while tonics, cod liver oil, quinine and arsenic are also useful. Iron is not spoken of with favor, and the iodide of iron does not, according to the writer, possess the virtues of iodide of potassium.

As to the direct treatment of the affected joint, revulsion, by means of the thermo-cautery, superficially applied, is considered a measure of the greatest value. The cauterizations are repeated about every fortnight, and are made to extend beyond the limits of the joint. Next to cauterization in importance, compression is mentioned. This is to be effected by means of flannel bandages firmly applied, and renewed as often as they become loose. Before the bandage is applied, the joint is first enveloped in a layer of either peat wadding (which has been found to best answer the purpose), oakum, tow, or wool, all of which are superior to cotton.

Of topical applications, mercury is considered the best, the use of iodine or turpentine being characterized as a mistake. The mercury is employed in the form of cerate, made according to an old formula of Scott, of Dublin, which is as follows: Soap cerate, one ounce; double mercurial ointment, one ounce; powdered camphor, one drachm. Champonnière regards mercury as the principal source of success in the treatment, the absorption of the drug into the tissues of the part making possible its microbicidal action. Previous to the application of the cerate the skin is thoroughly cleansed and then rubbed with camphorated spirit.

After the dressing is made, if fixation is required, it is accomplished by means of a plaster bandage. If abscesses form in the course of the disease, they are not interfered with unless large, in which case they are opened under anæsthesia and washed out with a 5 to 8 per cent. solution of chloride of zinc. Sinuses are injected with the same solution, sometimes with an emulsion of iodoform, and, as a substitute for the latter, naphthol-camphor is mentioned.

Continuous extension is regarded as most seaviceable in the case of hip disease, and is employed, not only because of the relief of pain which it secures, but because it promotes the conditions which favor the possibility of cure.

As to operative treatment, when necessary, the view is taken that it should be complete, Arthrectomy is considered as hazardous and incomplete, while resection is spoken of as "the only and true operation for articular and osseous tuberculosis."

The paper concludes with an epitome of eighty-one resections, the results of the operations upon the knee-joint being particularly excellent. In no less than forty excisions of this joint cure was effected without the occurrence of any suppuration whatever. Antisepsis was rigidly carried out, and in order to prevent injury to the silver

wire employed to appose the ends of the femur and the tibia, carbolic acid solutions were substituted for those of bichloride generally used.—*Univ. Med. Mag.*

THE INDICATIONS FOR SURGICAL INTERVENTION IN TRAUMATIC HYSTERIA.

In an interesting article on the relations of hysteria to surgery, by Georges Guinon (communicated by Dr. Baaz), the author states that surgical interference in this affection is only indicated in cases of old contractures with formation of fibrous tissue, and also in persistent monoplegias with severe trophic disturbances. As a general rule, the surgeon is not called upon to interfere in hysteria, for the fact that a lesion sine materia is the cause of the symptoms and warrants us, in a certain sense, of expecting a favorable prognosis. The prognosis is never certain, however, as regards the possibility of a cure of the attacks, but we know that even when contractures have persisted for many years, we are not justified in giving up all hope of a cure. If the contractures are of spasmodic origin, they will sometimes disappear spontaneously during an attack, or may be relieved by massage, electricity, magnetism, or hypnotic suggestion. In all these conditions no surgical interference is demanded. The question comes up whether we are to interfere in cases where the contracture is associated, for example, with a shortening of tendons, with muscular atrophy and various trophic disturbances. On this subject opinions are still much divided. We may be tempted to divide the fibrous bands formed in a limb affected by contractures, but whether this is permissible must depend upon each case, and no general rule can be formulated. As long as a spasmodic conditon persists, no operation is warranted. To make sure whether a contracture is due to spasm or a shortening of muscles and tendons, the patient is placed under chloroform anæsthesia, which will show to what extent the contracture depends upon spasm and shortening. The surgeon is not justified in interfering until all spasm has ceased.

In his lectures, Charcot reports a case in which attempts were made to affect a cure by stretching of the nerves. The result was not satisfactory. Sometimes these patients request from their physicians procedures of much greater severity. Thus one of Debove's patients, in whom a spasmodic contracture of the arm had resulted from application of a splint, urgently demanded an amputation, on the ground that the limb was perfectly useless. The extremity presented a deplorable appearance, the muscles had atrophied, but gave no degeneration-reactions, the nails had deeply penetrated the palm of the hand in consequence of the spasm, and had produced unhealthy ulcers. Debove brought the case before the Societé Médical des Hopitaux, and asked the advice of the members regarding its treatment, and most of those present spoke against an operation.

In general we may say that, in hysterical subjects, the surgeon is only called upon to intervene when he has to deal with the sequelæ of a former neurosis. He should not attempt to treat the hysterical affection by surgical means. The relations of hysteria to surgery are numerous, and may be illustrated in the following conclusions:

1. Traumatisms which do not require the direct intervention of the surgeon, but are capable of evoking a number of surgical affections, may, in persons predisposed thereto, produce hysteria and hysterical manifestations which may bear a deceptive resemblance to diseases belonging to the domain of external pathology.

2. On the other hand, the surgeon may give rise to hysterical seizures by operations undertaken for curative purposes.

3. The surgeon may be inclined to interfere in conditions of hysterical character, but the indications and contra-indications to operation should be based upon a thorough knowledge of hysteria.—*Wiener Mediz. Presse.*

GYNÆCOLOGY.

AN ENORMOUS OVARIAN CYST.

There has recently been a patient in the obstetric ward of St. Thomas's Hospital, under the care of Dr. Cullingworth, suffering from an enormous ovarion cyst. She was a widow aged forty-five, who had had no children, and who had been the stewardess on a well-known line of Channel steamers for many years. The swelling of the abdomen was first noticed nine years ago; for three years and a half it had been so large that she had been unable to go beyond her own garden; for two years she had not left her room, and for six months she had not been out of bed. She had persistently refused operation until recently. After admission on April 9th the abdomen was found to be uniformly and enormously distended by a fluctuating swelling, consisting of one large cyst, distending the lower part of the thorax, and hanging down, as she sat in bed, as far

as the knees, completely concealing the thighs. The girth 1½ in. above the umbilicus was 67 ins.; the measurement from the ensiform cartilage to the symphysis pubis was 38 ins. The body was greatly emaciated; she presented a most remarkable appearance, but was very cheerful. There was some albuminuria. On April 13th, preparatory to operation and in order to diminish the shock, the abdomen was punctured by a fine trocar, attached to a long India-rubber tube, with the lower end placed under a measured quantity of solution of carbolic acid, and the fluid from the cyst allowed to flow away for seven hours. Seventy-four pints of thick grumous chocolate-colored fluid escaped, containing much altered blood. The day after this an attempt was made, under ether, to remove the tumor. The whole of the anterior surface of the cyst was adherent to the abdominal wall. There were comparatively few adhesions posteriorly, but more in the pelvis. At the end of half an hour the patient became seriously collapsed and the cyst was quickly extracted. It was a large thick-walled single cyst of the left ovary. The patient died before the closure of the abdominal wound had been completed, in spite of persistent efforts at resuscitation. The total weight of the tumor and its contents—including that of the fluid removed on the previous day—was 154½ lbs., or 11 st. ½ lb. The weight of the patient was not ascertained, but must have been much less than this. This is probably the largest abdominal tumor of which there is any record; the largest mentioned in the series of 1,000 by Sir Spencer Wells did not weigh more than 125 lb.—*Lancet.*

BAGOT ON MASSAGE AS APPLIED TO THE TREATMENT OF INCONTINENCE OF URINE IN FEMALES.

A full account is given of the treatment of this affection by Brandt's method, by Sänger's method (which consists in dilatation of the vesical sphincter and massage), and also by distension of the bladder with warm water, as practiced by Nissen and H. Marion Sims. The author has cured three cases by the use of Brandt's system, omitting some of the steps which he considered useless. The most essential part of this method of treatment was the direct treatment of the neck of the bladder by the finger in the rectum or vagina. In children the finger was used in the rectum.

The first patient had suffered more or less from incontinence of urine since her last confinement, eighteen months ago, but had become much worse during the last nine months. She was treated at first every day for four days by Brandt's system, omitting "the lifting of the bladder." After this she was treated sometimes every second and sometimes every third day for twenty-nine days. At the end of this time a permanent cure was effected.

The second case, an unmarried woman of twenty-four, had suffered from incontinence from childhood. She was treated by Brandt's method, omitting the "exercises for the adductors of the thighs" and the "bladder lifting," every second day for five weeks, at the end of which she declared herself quite well, and was discharged.

The third case was a woman of forty, who had ten children, and had suffered from incontinence for three years. The treatment in this case lasted four weeks. Dr. Bagot's reason for discarding the "bladder lifting," altogether, was because, from what he had seen during laparotomies, he knew that it would be impossible to sieze hold of the bladder when in an empty state, and elevate it by the manœuvre described by Brandt. The "exercises for the adductors" might be of use in those cases where the pelvic floor was greatly relaxed, and even in these, though it was probably of use in bracing up the parts, it was not an essential in the cure of either enuresis or of uterine displacements. The chief part of this method, as applied to enuresis, was the direct treatment of the neck of the bladder. The method of Sänger was one to which the author wished to draw special attention. Dr. Sänger considered that the basis and cause of this affection consisted in a weakness or paresis of the vesical sphincter, and perhaps a certain tenuity of the muscular bundles. This method was not indicated where there was very great dilatation of the bladder neck and whole urethra. In these cases, artificial removing of the urethra in some way was more likely to succeed. Dr. Bagot had treated two cases by Sänger's method.

Massage, by distension of the bladder with warm water, was of use in case of contraction of the bladder, following long-continued incontinence of urine from any cause, the holding capacity of the bladder being then diminished.

While recommending these treatments, Dr. Bagot urged the necessity of careful diagnosis in every case, and that the cystoscope should be more generally used.—*Med. Press.*

OBSTETRICS.

IODOFORM GAUZE IN POST-PARTUM HÆMORRHAGE.

Dr. Velitz, of Buda-Pesth (*Orvosi hetilap*, 1890, Nos. 10 to 12) describes thirteen cases where he employed plugs of iodoform gauze for flooding, during and after delivery, and (in two cases) in the course of the puerperium. He finds that iodoform gauze is a perfectly aseptic medium in obstetrics. It is of permanent value as a hæmostatic in flooding from atony of the uterus. Only a small amount of the gauze should be packed in the uterus, so that retraction of that organ may not be hindered. Iodoform gauze is useless, and indeed dangerous, in uterine hæmorrhages due to abnormal condition of the blood. Being hygrometric it promotes hæmorrhage. In this form of flooding weak solutions of perchloride of iron act best. Hæmorrhage from high laceration of the cervix can only be safely checked by aid of the suture. When bleeding occurs after delivery or late in childbed, through the presence of a fibroid, the only effectual check is a thorough plugging of the uterine cavity with iodoform gauze; the cavity must be well stuffed with that material.—*Brit. Med. Jour.*

FETID MILK IN HUMAN MAMMARY GLANDS.

Dr. Jorissenne had under his care in 1874 a patient of slightly tuberculous aspect, though now, in 1891, she is in good health. On October 5, 1874, she was delivered by forceps. She suckled her child freely till December 7th, when she was absent from it for seven hours and a half. This space of time included a drive one hour long, five hours and a half walking, and one hour's rest for refreshment. Immediately on her return home she gave her child the breast. The milk was horribly fetid—like rotten eggs. It made her feel ill, and her relatives could not stay in the same room with her. Yet the infant sucked with avidity; however, it was violently sick. Next day the milk was sweet, and the child and also the mother quite well. The breasts showed no sign of hardness, engorgement, etc. The nipples were healthy. The patient told Dr. Jorissenne that on several previous occasions she had noticed that when she delayed giving the child the breast at the usual times the milk became fetid. Dr. Jorissenne had no further opportunity of observing this putrefaction of milk, as it did not recur. The patient was red-haired; but he has carefully examined the milk of many red-haired women since 1874, and failed to find that it showed any special tendency to putrefy or even turn sour, in the open air or in a close room, more quickly than the milk from a black or fair-haired woman. The avidity with which the infant imbibed the putrid milk was remarkable; its stomach was more sensitive than its nose and tongue. Evidence as to the acuteness of taste in the infant is imperfect. During the first few days of extra-uterine life the sense seems undeveloped. The child will take solutions of raw salines without syrup, though a few weeks later it will reject the same compounds nicely flavored. The sense of sweetness is early developed. At the end of a few weeks an infant likes sugar, and dislikes cow's milk unless sweetened artificially. Children of six months, or older, will lick ill-tasting colors off their toys. In Dr. Jorissenne's case, the child liked a milk that smelt intensely fetid and must have tasted nasty, according to an adult's idea of taste.—*Archives de Tocologie.*

DURATION OF PREGNANCY.

Oliver concludes, after very careful observation, that the duration of pregnancy in the human female varies as much as it does in the case of many of the lower animals. Issmer, reckoning only cases in which the fœtus was well developed, asserts that the duration ranges from 260 to 304 days. But Oliver believes there must be some error in this statement. If we reckon from the last menstruation, we must be careful to ascertain the exact date of the cessation of this, for it will be remarked that where the duration of the discharge varies little, the woman, when asked, is more likely to give the date of beginning than the date of cessation of the last menstruation, and in this way mistakes may arise in our calculation to the extent of four or more days. The majority of authors are agreed that in reckoning the duration of pregnancy in woman, we ought to fix the probable date of delivery on the 278th day from the cessation of the last menstruation. He is of the opinion that the best results will be obtained by ascertaining, first, the date of the cessation of the last menstruation, and then the usual duration of the inter-menstrual period in each given case; the number of inter-menstrual days should then be divided by two, and it will be found that the 260th day from the middle of the inter-menstrual period will most

probably be the date of confinement.—*Liverpool Medico-Chirurg. Journal.*

PÆDIATRICS.

THE PREVENTION AND TREATMENT OF SCARLET FEVER.

Dr. W. Bezly Thorne, in the *Lancet*, says, the prevention, treatment, and, perhaps, the cure of scarlet fever are of so great importance to the medical profession and the public at large that he ventures to offer for publication the following brief notes of a case which was under his care at the commencement of this year. If it stood alone, he would be compelled to admit that no practical conclusion could safely be drawn from it; but he has since gathered, from the perusal of a paper read before the Epidemiological Society by Mr. J. Brendon Curgenven, that many other cases of the same disease have been somewhat similarly treated with the like striking results, and he thinks that it cannot fail to serve a useful purpose to invite others who have practiced the treatment advocated by Mr. Curgenven to bring forward the results which they have obtained.

The patient, fourteen years of age, but of the physical development of ten, was seen within little more than an hour of the appearance of the rash, and was reported to have been "bilious and shivering over the fire" for something more than two days. The face was flushed and dotted with a scarlatiniform rash; the eyes were red and suffused, and both tonsils swollen, inflamed and ulcerated; the pulse was 120 and the temperature 103°. She was immediately ordered to take internally every four hours five minims of the oil of eucalyptus globulus emulsified with powdered acacia, to use every hour a gargle of carbolic and tannic acids suitably diluted, to undergo daily inunction with an emulsion of eucalyptus oil of the strength of half a drachm to the ounce, and made up of glycerine, to promote adhesion to the skin, and to have the scalp and hair daily sprinkled with a spirit lotion containing eucalyptol, with a small quantity of almond oil. On the following morning—that is, in rather more than twelve hours—Dr. Thorne found that the rash had receded from the face. He inquired of the nurse whether any was to be seen on the chest, which she had washed and anointed two hours previously, and was informed that it was "well out," but on examining that region found that it presented absolutely none. It was at that time making its appearance on the lower extremities, was well marked in the evening, and on the following morning had entirely disappeared. No desquamation followed. The chart tells the rest with sufficient detail. It should be added that although the house was occupied during the illness and up to the departure of the patient to the seaside on the twenty-second day by six full-grown adults and four younger persons whose ages range from nineteen to six, besides the sick one, the infection has not spread. A sheet, which was from time to time moistened with a dilution of sanitas, was fixed by the nurse to the door of the sick room in accordance with the instructions of the institution from which she was sent.

HYGIENE.

THE TRANSMISSIBILITY OF HYDROPHOBIA FROM MAN TO MAN.

The fact that no instance is on record of hydrophobia having been transmitted from man to man has given rise to a doubt as to whether the saliva of human beings suffering from the disease possesses the same virulent properties as that of the dog similarly affected. In not more than five or six of the ten thousand patients treated at the Pasteur Institute was the lesion due to bites inflicted by human beings, and it is evident that statistics bearing on so small a number of cases are of no value one way or the other. It has, however, been proved experimentally, that the saliva of human beings, having succumbed to hydrophobia, produces the disease in animals by inoculation, though the incubation period is somewhat prolonged. It may, therefore, be taken as proved that the disease may be transmitted in this way from man to man. It is hardly possible as yet to affirm categorically the possibility of curing hydrophobia after the characteristic symptoms have made their appearance, but recent observations throw a doubt on the incurability of the disease even under these circumstances.—*Med. Press.*

VOLUNTARY CONSTIPATION.

In an article in the *Revue de l' Hypnotisme*, entitled "Voluntary Personal Uncleanliness," Dr. Galippe calls the attention of the authorities to the necessity of reforming the sanitary arrangements obtaining in most French educational establishments. Some facts related by him in this connection will be read with astonishment by those who are

not familiar with the horrible filthiness of most French closets. He says, "We need hardly remind the reader of the disgusting filthiness of most (school) closets, and I have known sensitive children who refuse to repair to these places until they were absolutely obliged to do so, such is their horror of the stench that there assails their nostrils, and the dirt they may bring away with them. I have known of many children who have suffered much from this voluntary constipation, and of others who, affected with diarrhœa, have for a whole week passed their motions into their clothing." Dr. Bourneville, in a notice of this article (*Progrès Médical*, February 14th) says that he has for years urged the necessity of endowing not only schools but also hospitals and barracks with decent closets. He has endeavored to convince the French public of the feasibility of such a stupendous feat by having constructed for his idiot and imbecile child-patients at the Bicêtre closets, the cleanliness of which strikes the French visitor with astonishment. M. Bourneville also demands for each school a complete set of bath-rooms, and calls for regulations rendering the use of a bath obligatory on the scholars.—Paris Correspondence of *The Lancet*.

MEDICAL CHEMISTRY.

ISOLATION OF A CHOLERA TOXINE.

Hermann Scholl (*Berlin. klin. Woch.*, October 13th, 1890) communicates an interesting paper giving the results of some experiments with a poisonous body isolated from cultivations of the cholera bacillus. He thinks it curious that in all previous investigations on the nature of the cholera toxine cultivations should have been used which had been grown in the presence of air, whereas, in his opinion, in order to imitate the conditions under which the cholera bacillus grows in the human intestine, the most essential point is that the culture be grown in the absence of air. In this assumption he follows Hueppe and Cartwright Wood, who, he considers, have satisfactorily shown that the cholera bacilli grow in the small intestine in the absence of oxygen, and that their extreme virulence or rapidity of poison production depends chiefly on this anaerobic growth. Other observers, among whom Petri may be cited, think that this point requires more rigorous proof than has yet been afforded. To obtain this anaerobic growth the author used the method introduced by Hueppe of growing the bacilli in raw eggs, by which means he holds that oxygen is completely excluded. The inoculated eggs were kept for eighteen days at a temperature of 36° C. When opened the contents were found to give off a very powerful smell of sulphuretted hydrogen, differing in this from cultures grown in air. He describes the white of the egg at this period as being fluid and watery, the yolk firmer in consistence and black in color. In order to test the toxicity of the egg contents 5 cubic centimetres of the fluid part were injected into the peritoneal cavity of a guinea-pig. The animal at first showed signs of paralysis, then convulsive movements, and died at the end of forty minutes. This proved that the fluid egg albumen was very poisonous. The author then proceeds to describe his method of isolating the poison. Shortly, it is as follows: The fluid part of the egg contents, which amounted to 150 cubic centimetres, was dropped into ten times its volume of absolute alcohol. The white precipitate thrown down was collected and digested with 200 cubic centimetres of water at 40° C. The effect of this was to dissolve only a very small quantity of the precipitate, which was then removed by filtration. Eight cubic centimetres of the transparent filtrate were then injected into the peritoneal cavity of a guinea-pig, and caused death in one minute and a half. This fluid entirely lost its poisonous properties on being boiled in the steam sterilizer for half an hour, whilst a short heating to 75° C. had no such effect. On the other hand, when placed at 40° C. *in vacuo*, over chloride of lime, the fluid was found next day to be completely inert. The author then subjected the poison to the usual chemical tests, and came to the conclusion that it was no ptomaine, but a peptone, differing, however, from the toxo-peptone isolated by Petri from aerobically grown cultivations. This peptone could be obtained in a solid form by dropping the watery solution into 8 to 10 times its volume of a mixture of the ether and alcohol, rendered faintly acid by acetic acid. The resulting precipitate was found to be insoluble in pure water, but soluble on the addition of an alkali. After repeating this precipitation and re-solution several times, pure ether was substituted for the mixture of ether and alcohol, and the peptone obtained after evaporation as a white bulky substance. A very small quantity of this dissolved in water was then injected into the peritoneal cavity of a guinea.pig. The

animal at once became totally paralyzed. After half an hour convulsive movements of the head and extremities set in, and, at the end of five hours the guinea-pig died. The author concludes, as the result of his experiments: 1. That the poisonous peptone, elaborated by the cholera bacilli under conditions of anaerobiosis from the albumen of the egg, is different from the toxo-peptone of Petri, since the latter was not decomposed on boiling, while the former was. 2. That this cholera pepto-toxine is much more poisonous than the toxines found by Brieger and Petri in cultures grown under aerobic conditions, since the poison obtainable from a single egg was capable of killing ten guinea-pigs in the space of ten minutes. 3. That these experiments are in favor of the contention of Hueppe and Wood that the cholera bacilli, when grown anaerobically, form a greater quantity of, and a more powerful, poison than when grown aerobically.—*Brit. Med. Jour.*

NEWS AND MISCELLANY.

THE MEDICAL NEWS.

Dr. Geo. M. Gould has succeeded Dr. Hobart A. Hare as editor of the *Medical News.*

VALEDICTORY ADDRESS AT THE YALE MEDICAL SCHOOL.

Dr. John S. Billings will deliver the annual address at the Yale Medical School on the Tuesday before the commencement.

RESIGNATION OF PROF. H. W. WILLIAMS.

Dr. Henry W. Williams has resigned the Professorship of Opthalmology in the Harvard Medical School, which position he has held for twenty years.

THE NEW HAMPSHIRE MEDICAL SOCIETY.

The New Hampshire Medical Society will hold its one-hundredth annual meeting at Concord on the 15th, 16th and 17th of June. The first two days will be devoted to literary work, and the third day to general business.

LEPROSY IN RUSSIA.

The rapid extension of leprosy in Russia has excited the alarm of the authorities, and the Town Council of Riga has voted a sum of 60,000 roubles to establish a Hospital for lepers, which is to be inaugurated in July.—*Ex.*

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

The Trustees of the American Medical Association have elected Dr. J. C. Culbertson editor of the *Journal.* Dr. Culbertson was for many years editor of the *Cincinnati Lancet-Clinic.* He assumed his duties on May 14th.

THE PROPOSED PAN-AMERICAN MEDICAL CONGRESS.

The proposition made at the last meeting of the American Medical Association by Dr. Chas. A. L. Reed, for a Pan-American Medical Congress, has met with much approval, and it now seems likely that this worthy project will be carried out.

THE JEFFERSON MEDICAL COLLEGE.

Dr. J. M. Da Costa and Dr. Roberts Bartholow have been elected Emeritus Professors in the Jefferson Medical College. Although Dr. Da Costa has given up the chair of Practice he will continue his valuable clinical lectures in the Jefferson College Hospital.

THE INTERNATIONAL HYGIENIC CONGRESS, 1893.

A movement is on foot, at Buda Pesth, to have the meeting of the International Hygienic Congress, in 1893, held in that city. Professor Fodor is taking an active part in furthering the scheme, and the Hungarian Government has already been approached unofficially on the subject.—*Ex.*

THE CROONIAN LECTURES.

Dr. Burdon Sanderson will deliver the Croonian Lectures of the Royal College of Physicians "On the Progress of Discovery relating to the Origin and Nature of Infectious Diseases during the last Twenty-five Years." The lectures will be given on June 9th, 16th, 23rd and 30th, at the Examination Hall, The Savoy, London. Considering the reputation of the author and the subject, these lectures will doubtless prove of exceptional interest.

"FAMILIAR IN MILLIONS OF MOUTHS AS ANY HOUSEHOLD WORD."

The Times, London.

Apollinaris

"THE QUEEN OF TABLE WATERS."

"The Apollinaris Spring yields enough water not only for present requirements, but also for those of a future which is still remote.

"The existing supply is adequate for filling forty million quart bottles yearly.

"The volume of gas is so great that it is dangerous to approach the spring on a windless day."

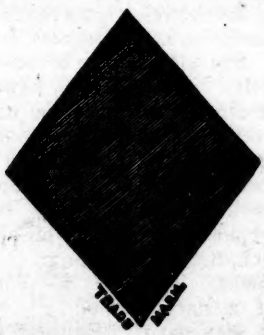
THE TIMES, LONDON, 20th Sept., 1890.

THE BEST NATURAL APERIENT.

THE APOLLINARIS COMPANY, LIMITED, London, beg to announce that, as numerous APERIENT WATERS are offered to the public under names of which the word "Hunyadi" forms part, they have now adopted an additional Label comprising their Registered Trade Mark of selection, which consists of

A RED DIAMOND.

This Label will henceforth also serve to distinguish the HUNGARIAN APERIENT WATER SOLD BY THE COMPANY from all other Aperient Waters.

DEMAND THE 

DIAMOND MARK.

And insist upon receiving the HUNGARIAN APERIENT WATER of the APOLLINARIS COMPANY, LIMITED, London.

A CASE WITH A LESSON IN IT.

We have frequently referred to the necessity of keeping the pregnant woman supplied with those chemical substances which she must give to the child in the formation of its little frame, and the dire effects which may result from a deficiency of those substances. The headaches, neuralgias, spinal tenderness, and some of the many disorders of digestion, and even mental failure, may be all prevented or relieved by supplying to the mother the chemical food her system demands.

We have noticed a few cases where the most serious results have occurred to the mother by such a deficiency, one of which is well worth relating. Mrs. M., aged 30, pregnant with her third child, suffered from the second to the fifth month of her pregnant term with gradually failing strength and health, and nervous irritability. She was very restless nights for three or four days, the peculiar restlessness of complete nervous exhaustion, and was irrational for more than a week.

At this time I advised that she have a teaspoonful of Murdock's Liquid Food every hour in milk, and a little wine every four hours. The third night she had fifteen drops of hydrobromic acid dil. every three or four hours, which was continued for a week. The liquid food after a week every two hours, and all other medicines were discontinued. Her bowels were moved with a mild laxative at first, and afterward became regular. Her tongue cleaned quickly and her skin assumed a more natural appearance.

At this writing, less than three weeks from our first visit, the patient is able to sit up an hour at a time, is quite rational and cheerful, has a good appetite, the bowels are quite regular, there is no headache, and but little spinal tenderness. She sleeps reasonably well if fed frequently. She is allowed to suit her taste in her diet. The child is quite active, and the mother is progressing so nicely that it is hoped that she will pass safely through her confinement, which is nearly at hand. She will be kept on the liquid food and the phosphates until her confinement after which, the condition will suggest the treatment. This is the most marked case of a starved nervous system we have ever seen, and the benefit derived from the treatment proves the theory as to the cause of the trouble.

Apropos with the above, comes the question of the selection of nutritious foods for those many cases which demand strong and immediate nourishment. The food used in the above case has produced marvelous results for us in some of those extreme cases in which we have used it.

In one case of nervous exhaustion the insomnia was absolutely painful. When the exhaustion forced the patient to sleep there was an immediate sense of falling or approaching death, or there were hallucinations which were appalling, rendering the nights unbearable. One teaspoonful of Murdock's Liquid Food so nourished the system the first night it was given that the patient sank into a quiet, refreshing sleep which lasted, with a single awakening, until morning, and the improvement the patient obtained was most striking.

One case of mitral regurgitation with leucocythemia and nervous exhaustion improved more rapidly on this food than on all other measures combined. In cases of nervous exhaustion and brain tire, its effects are most marked, as we have experienced many times in the past five years in the frequent personal use of the agent. It contains the principles of pure, healthy blood and nerve tissue ready for immediate assimilation. Fourteen per cent. of the entire quantity is uncoagulated albumen, as we have demonstrated by actual analysis.

We have tided babies over critical periods often with a few drops in its usual diet. We have given it to dipsomaniacs with or without non-alcoholic stimulants with superb results. The sole objection our patients have to it is its odor. Its taste is not disagreeable; it has the odor and appearance of blood. All objections are soon forgotten, however, in the results of its action upon the nutrition of the system, and the patient soon learns to like it, and often craves for it, drinking it from the bottle or a glass readily, like any beverage. It ought to be the food par-excellence for rapid appropriation in all conditions of exhaustion.

P. S.—Phosphates act well with the Liquid Food.

Editorial of the Chicago *Medical Times*, June, 1890.